

Effective 30 April 1998

Training

Chaplain Recruiter Production Management System

This UPDATE printing publishes a new regulation which is effective 30 April 1998.

For the Commander:

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**Summary.** This regulation establishes the policies and procedures for, and the use of, the Chaplain Recruiter Production Management System.

New Manning System.

**Supplementation.** Supplementation of this regulation is prohibited.

Changes to Publications and Blank Forms) directly to HQ USAREC (RCRO-PP), Fort Knox, KY 40121-2726.

**Applicability.** This regulation is applicable to all chaplain recruiters.

**Suggested Improvements.** The proponent agency of this regulation is the Office of the Director of Recruiting Operations. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended

**Distribution.** Distribution of this regulation has been made in accordance with USAREC Pam 25-30, distribution C. This regulation is published in the Recruiting Brigade and Battalion Operations UPDATE.

**Impact on New Manning System.** This regulation does not contain information that affects the

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**Chapter 1**  
**Introduction**

**Section I**  
**General**

**1-1. Purpose**

This regulation establishes the policies and procedures for, and the use of, the Chaplain Recruiter Production Management System.

**1-2. References**

Required and related publications and blank forms are listed in appendix A.

**1-3. Explanation of abbreviations and terms**

Abbreviations and special terms used in this regulation are explained in the glossary.

**Section II**  
**Concept**

**1-4. Mission**

a. Chaplain recruiters (CR) are responsible for prospecting and processing qualified individuals into the United States Army Reserve (USAR) Chaplain Program. This is in support of the annual missions of the recruiting brigades (Rctg Bdes) and the overall needs of the USAR.

b. The annual mission is developed by Program Analysis and Evaluation Directorate as outlined in USAREC Reg 601-73. Program Analysis and Evaluation Directorate is responsible for receipt of all chaplain missions from Headquarters, Department of the Army (HQDA) and issuance to subordinate units. Recruiting Operations Directorate is responsible for managing the execution of the mission. Program Analysis and Evaluation Directorate's mission is based on the chaplain market; the number of ordained clergy and the number of candidates (Master of Divinity students) by faith group in each Rctg Bde's area. USAR chaplains are recruited into the Individual

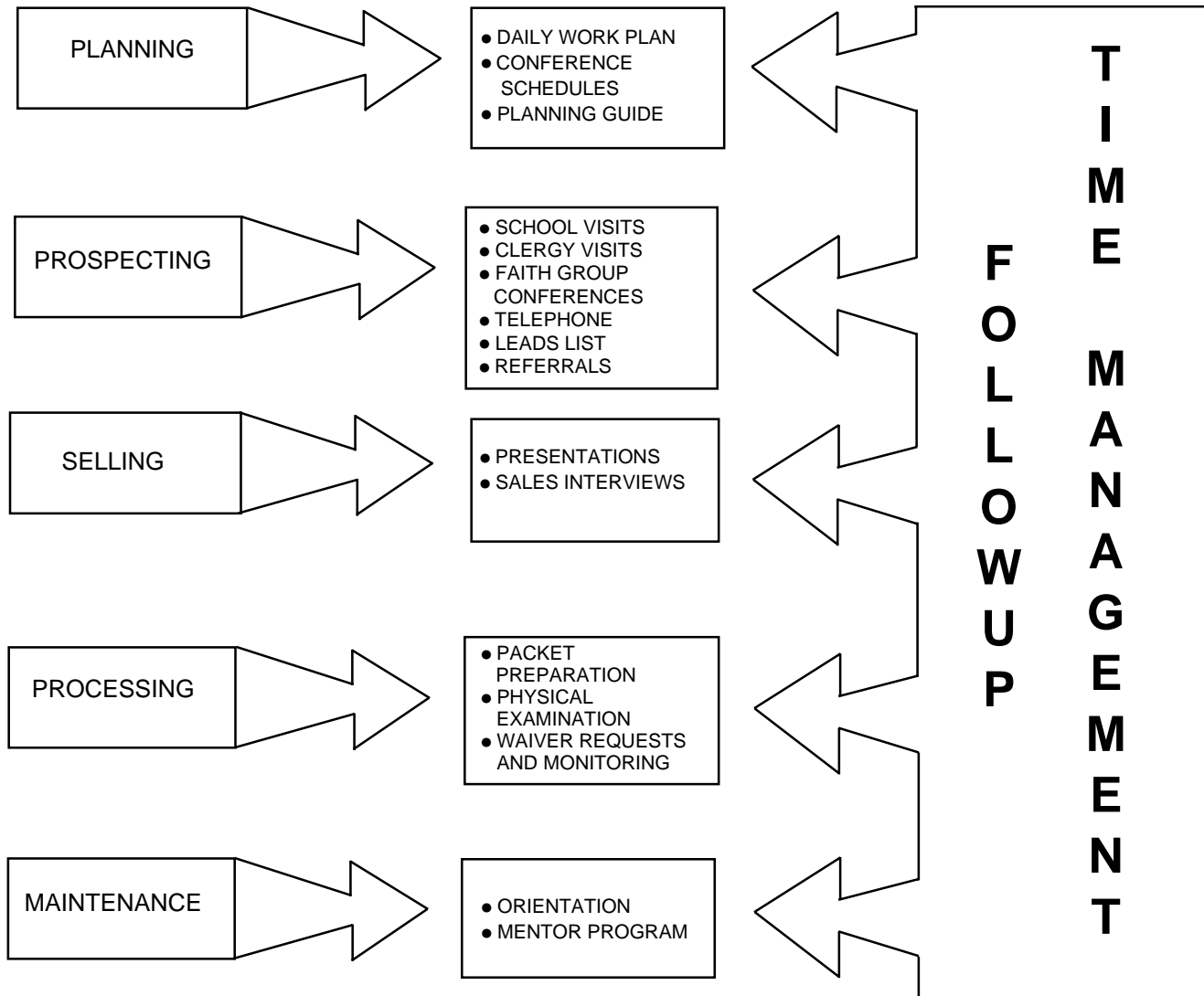
Ready Reserve; therefore, Program Analysis and Evaluation Directorate does not consider troop program unit (TPU) vacancies in its missioning process.

**1-5. Production management**

Production management techniques described in this regulation are structured to conform with the steps of the chaplain recruiting process as shown in figure 1-1.

a. Specific techniques used by CR to document and control production are presented chronologically, as they would appear in the recruiting process.

b. Use of the production management forms and techniques described within this regulation are mandatory unless specifically excluded.



**Figure 1-1. Chaplain recruiting process**

## Chapter 2

### Mission Planning

#### 2-1. Mission

The CR is responsible for:

- a. Accomplishing assigned quarterly mission by developing interest among qualified members of the clergy and graduate students, considered part of this market. The CR will assist these members in processing for appointment and reinforcing their commitment to the program.
- b. Promoting the Army image in the communities within their assigned Rctg Bdes.
- c. Developing and sustaining a high level of professional sales proficiency.
- d. Developing and sustaining a positive working relationship with graduate school faculties and Army chaplains in their assigned recruiting zone and the ecclesiastical endorsing agents.

#### 2-2. Time management

- a. Time management is essential for successful completion of all assigned tasks and to ensure mission accomplishment.
- b. Proper time management ensures that sufficient time is dedicated to the critical mission tasks of lead generation and prospecting. Most remaining CR functions represent chain of command, system, or applicant-imposed reductions of a CR's available time. It is essential that CR discipline themselves to plan and record all known future events that will consume time in their planning guide (see app B) and ensure that remaining time is properly managed to maximize lead generation and prospecting activities.

#### 2-3. CR performance review

Performance review (PR) is the process CR and their supervisors use to consistently evaluate prospecting and processing activities. To ensure effective utilization of the Production Management System, CR should have their planning guide and be prepared to discuss the following during each PR:

- a. USAREC Fm 200-7 (Chaplaincy Prospect Data Record) file (see app C).
- b. USAREC Fm 539-A (Lead Refinement List (Continued)) (see app D).
- c. USAREC Fm 533-C (Chaplaincy Processing List) (see app E).
- d. USAREC Fm 1161 (Chaplain Graduate School Data Sheet) (see para 3-7b(2) and fig F-1).

#### 2-4. Mission planning

CR prospecting activities are directed by their supervisor based upon the market within assigned Rctg Bde and mission requirements.

#### 2-5. Administration and logistics

CR are required to perform certain administrative and logistical duties related to the achievement of the assigned mission and directed by the chain of command.

## Chapter 3

### 4

## Lead Generation and Prospecting

### Section I

#### General

#### 3-1. Purpose

This chapter contains policies and guidance concerning prospecting, lead generation, and management.

- a. Lead generation is comprised of those activities designed to obtain the name with address and/or telephone number of individuals with whom an appointment for a sales interview may be made.
- b. Prospecting is the action taken to contact those persons identified as leads for the purpose of conducting a sales interview. This activity may be accomplished telephonically or face-to-face.

### Section II

#### Policies

#### 3-2. CR market area

CR are assigned a specific recruiting market area for development of centers of influence (COI), very important persons (VIP), a partnership with key personnel in graduate schools, a relationship with ecclesiastical endorsing agents, posting recruiting publicity items at graduate schools, and cultivating positive community relations. CR will actively prospect only within their market area, with the exception of national faith group conferences that are approved and coordinated by Headquarters, United States Army Recruiting Command (HQ USAREC). When contact is initiated with applicants living outside a CR's area, the CR will continue rapport while processing responsibility is requested in accordance with USAREC Reg 600-22.

#### 3-3. Work ethic

CR will ensure lead generation and prospecting activities are sufficient to meet or exceed mission requirements.

### Section III

#### Lead Generation

#### 3-4. General

Prospecting efforts using a variety of lead sources are required to ensure total market penetration and give maximum opportunity to contribute to mission success. (All leads that become prospects are recorded on USAREC Fm 539-A.) (See fig D-1.)

#### 3-5. Lead sources

- a. Lead sources include, but are not limited to:
  - (1) TPU referrals from unit members.
  - (2) COI and VIP referrals (i.e., grad school professors, local Army chaplains, and community leaders).
  - (3) Applicant referrals.
  - (4) Enlisted recruiters from all components.

(5) Total Army Involvement in Recruiting and special events (see USAREC Reg 601-85).

(6) USAR Recruiting Active Duty for Special Work (ADSW) Program, subject to funding availability.

(7) Leads provided by the Advertising and Public Affairs Directorate, HQ USAREC, to chaplain branch from advertising.

(8) Referrals from prospects, applicants, and current and former chaplains.

(9) Graduate schools. Student directories, alumni lists, and school presentations approved by these schools.

b. Blueprinting all leads is essential in establishing priority of contact to ensure efficient use of prospecting time. Consideration should be given to faith groups, educators, and the like. Understanding the needs and interests of the various faith groups will assist in blueprinting as well as effectively establishing rapport upon contact.

### Section IV

#### Prospecting

#### 3-6. Categories

a. Prospecting is broken down into two general categories:

(1) Telephone prospecting. Conduct telephone prospecting to complement other prospecting efforts. CR should direct telephone prospecting toward mission accomplishment, unless directed otherwise by their supervisor.

(2) Face-to-face prospecting. Any activity that provides face-to-face contact with a possible applicant for the purpose of obtaining appointments is considered face-to-face prospecting. Activities must be planned in advance to identify locations where prospects are most likely to be located (e.g., graduate schools, ministerial associations, faith group conferences, or any other place where prospects may gather).

b. Blueprinting leads using any means possible is encouraged to ensure the time spent by a CR prospecting is both efficient and effective.

### Section V

#### Prospecting in Graduate Schools

#### 3-7. Graduate school prioritization policy

a. CR will categorize their graduate schools into priorities based on mission, faith groups, past success, and geographical location:

- (1) Priority A: Roman Catholic.
- (2) Priority B: All others that are historically productive.
- (3) Priority C: All others that are not historically productive.

b. CR will implement the Graduate School Recruiting Program by accomplishing the following:

(1) At a minimum, visit each graduate school as required by the following:

(a) Priority A: Visit each graduate school a minimum of once per school year (SY) as permitted by school policy.

(b) Priority B: Visit each graduate school a minimum of once every 36 months as permitted by school policy.

(c) Priority C: Visits to these schools will be on an as needed basis as determined by the CR and local leadership.

(2) Complete a USAREC Fm 1161 (see fig F-1) on all schools.

(3) Document each scheduled visit and/or presentation in the planning guide upon initial scheduling.

(4) Document availability and use of chaplain mentors, see figure G-1, USAREC Fm 1162 (Chaplain Mentor Roster). Although not all areas have a chaplain mentor, those that do provide an additional resource to help maintain the chaplain and chaplain candidates (CH/CC) commitment and could also prove to be an excellent COI.

c. CR will:

(1) Be responsible for the recruiting activities in their assigned graduate schools.

(2) Be responsible for prescreening whenever possible to further refine the market.

(3) Be responsible for the coordination and scheduling of graduate school presentations.

(4) Be present during graduate school special events in their assigned area whenever possible.

(5) Observe and abide by all graduate school mandated restrictions.

(6) Report to chain of command those graduate schools that are less than cooperative. Provide sufficient information to support chain of

command assistance.

(7) Request student directories and alumni lists.

d. A successful Graduate School Recruiting Program should be tailored to meet the graduate school's needs as well as the assigned recruiting objective.

### 3-8. Chaplain general lead refinement list

a. Post leads from all sources (e.g., graduate school lists, alumni lists, referrals, visits, group presentations, walk-ins, call-ins, etc.) to a general lead refinement list (LRL) as they become prospects.

b. Each CR will maintain a general LRL.

### 3-9. Abbreviations used to update LRL

See appendix D for codes used to update USAREC Fm 539-A.

## Section VI Scheduling Appointments

### 3-10. Documentation

Conduct or make an appointment for a sales interview following successful prospecting effort. If an in-person interview, attempt to schedule and confirm within 7 days of the prospect's agreement to the interview. These appointments should be reconfirmed 1 day prior to the scheduled appointment. Accomplish the following administrative actions after an appointment is made:

a. Initiate USAREC Fm 200-7 immediately upon the prospect's agreement to an appointment (see app C).

b. Enter the appointment in the planning guide (see app B).

c. Document the LRL (see app D) with the code 200. In the case of a new lead, add the prospect's name to the general LRL before coding.

### 3-11. Prospect data record file system

The prospect data record (PDR) file system is part of the chaplain recruiting management binder. CR will ensure PDR are filed in accordance with figure 3-1, which outlines the organization of the CR's management binder. The PDR filing system in the management binder will be used the same way as the enlisted recruiter's PDR filing system as described in USAREC Reg 350-6 with the following exception: The final decision to terminate CR followup for a given prospect or applicant rests with the CR. When this decision is made, the PDR is removed from the PDR filing system and placed in a centralized alphabetical PDR filing system. The terminated PDR will be maintained in the alphabetical file by the CR for a minimum of 24 months. Once terminated, the LRL entry will be updated with the reason for termination.

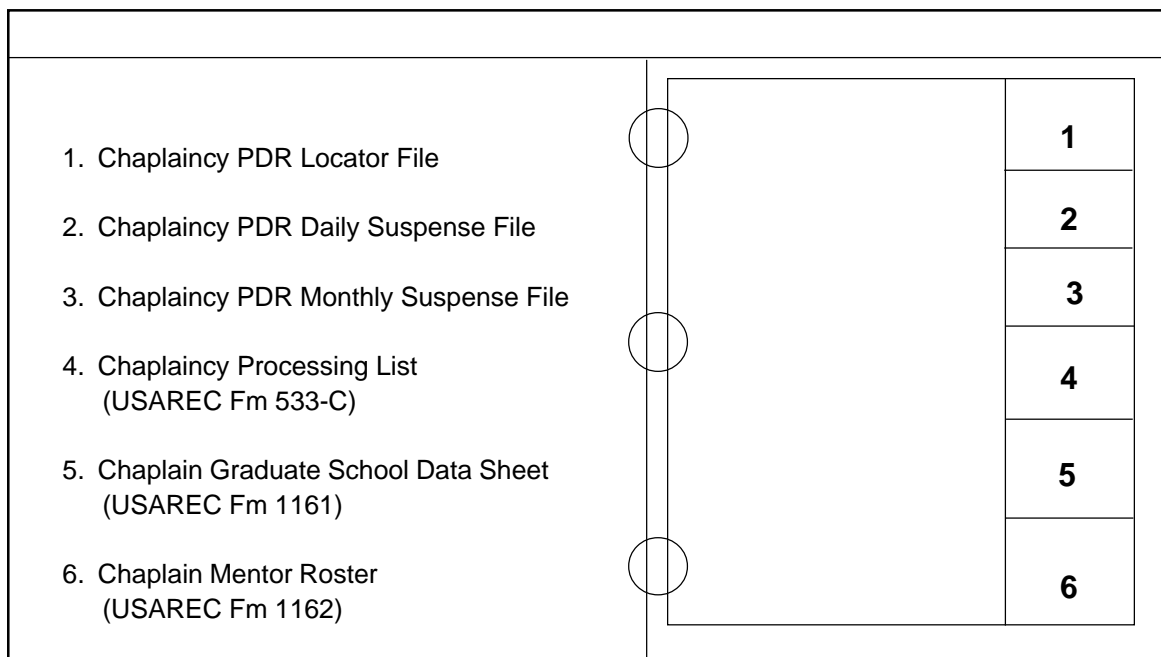


Figure 3-1. Chaplain management binder

## **Chapter 4**

### **Selling**

#### **Section I**

##### **General**

#### **4-1. Purpose**

This chapter contains policies and guidance concerning the conduct of the sales interview. USAREC Pam 350-7 provides guidelines and techniques for conducting sales interviews.

#### **4-2. Policies**

- a. CR must be knowledgeable and able to conduct sales interviews using the Chaplain Recruiting Sales Book.
- b. CR will annotate USAREC Fm 200-7 with all activities pertaining to the prospect and any information as it is received from the prospect (see app C). Inform the prospect of the privacy act statement prior to asking them for information to be recorded on the USAREC Fm 200-7.

#### **Section II**

##### **The Sales Interview**

#### **4-3. Required CR skills**

During the sales interview the CR must be able to:

- a. Establish rapport and credibility.
- b. Determine goals, needs, and interests.
- c. Determine qualifications.
- d. Present features and benefits.
- e. Close and handle objections.

#### **4-4. Applicant commitment to processing**

CR will strive to obtain a commitment to apply for candidacy and/or chaplaincy from every qualified prospect interviewed. Once a commitment is made, the CR will assist the applicant in scheduling the physical, preparing required documentation, and briefing the applicant on what can be expected.

#### **4-5. Referrals**

CR will ask for referrals from each prospect upon conclusion of the sales interview.

## **Chapter 5**

### **Processing**

#### **Section I**

##### **General**

#### **5-1. Purpose**

This chapter provides policies and guidance as it applies to processing applicants for CH/CC.

#### **Section II**

##### **Processing of Individuals for Chaplaincy**

#### **5-2. Procedures**

- a. In cooperation with local recruiting stations, schedule and record the preappointment physical examination date on USAREC Fm 200-7, in the planning guide, and on USAREC Fm 533-C.

When projecting CH/CC applicants for Military Entrance Processing Station (MEPS) processing, all local MEPS policies will be followed.

- b. Provide the applicant with a USAR CH/CC application worksheet with instructions.

- c. Following completion of the application worksheet, the CH/CC applicant will forward the worksheet back to their CR. The CR will complete the application packet and return it to the applicant for signatures. Once signed, the applicant will forward the completed application packet to HQ USAREC for a quality control (QC) check.

#### **Section III**

##### **Processing Phase**

#### **5-3. Medical processing**

All applicants, with the exception of currently commissioned officers, must meet preappointment medical fitness standards as prescribed in AR 40-501, chapter 2. Currently commissioned officers must meet retention medical fitness standards in AR 40-501, chapter 3. Both of these physical examinations require Human Immunodeficiency Virus (HIV) and drug and alcohol test (DAT). This physical can be conducted at any MEPS. An exception to policy may be granted by the Chaplain Branch at HQ USAREC for physicals completed at a military hospital or USAR medical units. In all cases the physical must have been completed within 24 months of the selection board. It is the CR's responsibility to ensure that applicants are prepared to further process following their successful physical.

- a. By using DD Form 2246 (Applicant Medical Prescreening Form), the CR may determine that additional medical documentation is required. Obtain the medical documents and forward in accordance with the policy of the organization conducting the physical, prior to the applicant's arrival. Provide applicant with the Memorandum of Instruction for the servicing MEPS prior to the physical examination (fig 5-1). If an applicant is found to be disqualified at MEPS, medical documents should be forwarded to HQ USAREC for medical waiver consideration. The United States Army Recruiting Command (USAREC) Surgeon has final decision authority.

- b. The CR will ensure permanently disqualified applicants understand the reason(s) for their disqualification(s). Ensure applicants with a temporary disqualification understand the reason(s), so possible corrective action can be taken.

#### **5-4. Chaplain interview process**

- a. An application interview is required on all Army chaplain applicants. It is not required for chaplain candidate applicants. This interview must be done in accordance with AR 165-1, paragraph 6-2.

- b. After a chaplain applicant has been medically qualified, the CR will notify HQ USAREC, Chaplain Recruiting Branch. The Chaplain Recruiting Branch will be responsible for contacting the applicant and identifying a senior Army chap-

lain to conduct the application interview.

- c. Upon completion of the application interview, the interviewer will forward the interview in the proper format (see AR 165-1) to the Chaplain Recruiting Branch. The branch will notify the CR when the interview has been received.

#### **5-5. CH/CC application processing**

- a. The application packet includes:
  - (1) USAREC Fm 1164 (U.S. Army Reserve Chaplain and Chaplain Candidate Application Document Checklist) (see fig 5-2).
  - (2) DA Form 61 (Application for Appointment) (see fig 5-3).
  - (3) Application letter for chaplain candidate (see fig 5-4) or application letter for chaplain (see fig 5-5).
  - (4) SF 86 (Questionnaire for National Security Positions) (see fig 5-6).
  - (5) USAREC Fm 1163 (Verification of Naturalization or Residency Status) (see fig 5-7).
  - (6) Request for moral waiver (see fig 5-8).
- b. The CR is responsible to ensure the application is accurate and complete in accordance with this regulation, the sample packet (see fig 5-2 through fig 5-7), and AR 135-100 prior to QC review by HQ USAREC. HQ USAREC, Recruiting Operations Directorate, Special Missions Division, Chaplain Recruiting Branch, will QC each complete packet within 3 working days of receipt.
- c. Post USAREC Fm 533-C with application submission date.
- d. The Chaplain Recruiting Branch, Special Missions Division, Recruiting Operations Directorate, will make every effort to correct applications. Appointment applications that are returned for administrative errors or those applications missing one or more required enclosures will be corrected by the CR prior to being forwarded back to HQ USAREC. Those applications that are still incomplete or inaccurate will be returned through the chain of command.
- e. All information regarding status on processing of applications can be found on USAREC Fm 533-C.

#### **5-6. Waiver processing**

Waivers can be divided into five categories. The type of waiver determines the processing procedures. The categories are moral (see AR 135-100, para 1-7b); medical (see AR 40-501, chaps 2 and 3); reentry eligibility (RE) code (see AR 601-210, paras 3-22 through 3-26); age (see AR 135-100, table 1-1 and this regulation, d below); and Department of the Army (DA) policy (see current policy messages). Following are the procedures to be used by category:

- a. Moral. Once the CR has determined that the applicant requires a moral waiver, all processing must stop. The CR will direct the applicant to their ecclesiastical endorsing agent. The endorsing agent should contact the Chief of Chaplains (CCH), Director of Personnel, and request consideration of a waiver for the particular law violation. No applications will be considered by the CCH unless the CR and applicant

follow this process.

(1) Upon notification from the Director of Personnel that a waiver will be considered, the USAREC Chaplain Recruiting Branch will inform the CR, who will resume processing. The applicant will prepare a memorandum (see fig 5-8) and include it with the application that is forwarded to the Chaplain Recruiting Branch.

(2) Upon receipt of the completed application, the Chaplain Recruiting Branch will prepare a memorandum with a recommendation and any other pertinent information that may assist the approving authority.

(3) The entire application with memorandums will be sent to CCH, Personnel Directorate, Accessioning Branch, for review and processing.

b. Medical. If the applicant is medically disqualified, the CR will ensure the examining facility forwards the original SF 88 (Report of Medical Examination) and SF 93 (Report of Medical History) with supporting documentation to HQ USAREC, Chaplain Recruiting Branch.

(1) The Chaplain Recruiting Branch will follow the procedures established by the USAREC Surgeon for requesting a medical waiver.

(2) After receiving the final disposition from the Command Surgeon, the Chaplain Recruiting Branch will inform the CR. If the surgeon grants the medical waiver, the applicant is qualified for continued processing and the CR will continue working with the applicant to complete the application. If the surgeon determines the applicant is not qualified for military service, the CR will inform the applicant within 5 working days of being notified.

c. RE code. When the CR determines that the prospect received an RE code requiring a waiver (in accordance with AR 601-210) from their last military service, the CR must stop all processing. The procedures for a moral waiver (see a above) will apply.

d. Age. AR 135-100, table 1-1, establishes the age requirements for commissioning in the Army chaplain branch; however, the CCH has been given the approval authority for waiving these requirements. Following are the established policies determining which circumstances a waiver will be considered and which will not.

(1) Chaplain candidates, if 34 or over:

(a) With prior military service and can complete 20 years of service by their 60th birthday. Waiver will be considered, eligible to process.

(b) With no prior military service, but can complete 20 years of service by their 60th birthday or cannot complete 20 years of service by their 60th birthday and be a member of a current shortage group. The CR must stop processing and contact HQ USAREC, Chaplain Recruiting Branch, to inform them of the circumstances. Chaplain Recruiting Branch will discuss with CCH, Director of Personnel, who will determine if a waiver will be considered. If a waiver will be considered, the CR will resume processing; if a waiver will not be considered, CR will notify prospect within 5 working days of determination.

(c) Cannot complete 20 years by their 60th birthday and not be a member of a shortage

group. No waiver will be considered, not eligible to process.

(2) Chaplains, if 40 or over:

(a) With prior military service and can complete 20 years in the USAR, with a minimum of 10 years as a commissioned officer. Waiver will be considered, eligible to process.

(b) With no prior military service or with prior service (PS) but cannot meet the requirement above and is a member of the current shortage group (applies only if 50 or over; otherwise eligible). The CR must stop processing and contact HQ USAREC, Chaplain Recruiting Branch, to inform them of the circumstances. Chaplain Recruiting Branch will discuss with CCH, Director of Personnel, who will determine if a waiver will be considered. If a waiver will be considered, the CR will resume processing; if a waiver will not be considered, CR will notify prospect within 5 working days of determination.

(c) With no PS and not a member of a shortage group or with PS and cannot meet the requirements of (a) above. Waiver will not be considered, not eligible to process.

e. DA policy. DA and/or the CCH occasionally will add certain requirements to individuals who are applying for a commission as a CH/CC. If the prospects do not meet the established requirements as set in policy, they will need a waiver. The CR must stop processing and contact HQ USAREC, Chaplain Recruiting Branch, to inform them of the circumstances. Chaplain Recruiting Branch, will discuss with CCH, Director of Personnel, who will determine if a waiver will be considered. If a waiver will be considered, the CR will resume processing; if a waiver will not be considered, CR will notify prospect within 5 working days of determination.

#### **5-7. Mission credit**

Mission credit will be granted when the CCH determines that an applicant is fully qualified and the packet is board ready. The Chaplain Recruiting Branch will notify the Rctg Bde of the CCH's determination.

#### **5-8. CH/CC selection or nonselection**

The CR will be advised of applicant selection or nonselection by HQ USAREC. The CR must ensure the following actions are taken:

a. An entry of select or nonselect will be made on USAREC Fm 200-7 and USAREC Fm 533-C.

b. Upon selection or nonselection by HQDA, CCH, the CR will inform the CH/CC applicant of their status within 5 working days. The CR may assist the CH/CC in coordinating a formal commissioning ceremony.

c. Applicants selected will follow the instructions in the DA appointment letter from the United States Total Army Personnel Command, Appointments Directorate.

d. The Chaplain Office, United States Army Reserve Personnel Command (AR-PERSCOM), will coordinate with the CH/CC to schedule Chaplain Officer Basic Course (CHOB).

## **Chapter 6**

### **Maintenance of Board Selected CH/CC**

#### **Section I**

##### **General**

#### **6-1. Purpose**

This chapter provides policies and procedures for maintenance of CH/CC pending appointment or reappointment.

#### **Section II**

##### **Policies**

#### **6-2. Followup, contact, and mentor program**

The CR will:

a. Make appropriate annotations on USAREC Fm 533-C (see app E) upon notification of selection.

b. Congratulate applicant within 5 working days of selection board results release.

c. Initiate, plan, and conduct followups.

(1) Provide an orientation on the Chaplain Mentor Program and a synopsis of what they may expect during initial assignment. Answer questions relating to pay and benefits. Provide a summary of their responsibilities while awaiting appointment (e.g., referrals, maintenance of physical qualifications, and CR's contact requirements).

(2) The CR will make contact with the newly selected CH/CC a minimum of once every 4 weeks until appointed or reappointed. Record results of the contact on USAREC Fm 200-7. Verify basic qualifications during the followup, ensure they maintain eligibility, and ask for referrals.

d. Coordinate with United States Army Reserve Command Staff Chaplain or the supporting Reserve Support Command to ensure that as many CH/CC s possible are assigned a mentor (see app G).

e. When a CR is reassigned, the replacement will assume responsibility for those awaiting appointment. In those cases that the CR is reassigned prior to the arrival of their replacement, HQ USAREC, Recruiting Operations Directorate, Special Missions Division, Chaplain Recruiting Branch Chief, will assume responsibility until the replacement arrives.

#### **6-3. CH/CC referrals**

a. CR will strive to ensure that every CH/CC provides a referral prior to appointment.

b. A CH/CC referral is defined as an individual referred by a CH/CC who has agreed to an appointment with a CR and for whom a USAREC Fm 200-7 has been initiated.

c. During followup, CR will ask CH/CC for the name, address, and/or telephone number of individuals who may have an interest in the chaplaincy.

d. Contact all referrals when obtained within 5 working days. Enter information on referrals in the "Remarks" section of the appropriate CH/CC's USAREC Fm 200-7 in chronological order. When referrals are selected, this will be

recorded on the referring CH/CC's USAREC Fm 200-7. In order to request the retirement point incentive authorized by AR 140-185 for the CH/CC making the referral, the CR will complete a DA Form 1380 (Record of Individual Performance of Reserve Duty Training).

#### **6-4. Loss management**

a. Reporting. Report all circumstances indicating the moral, physical, or administrative disqualification to HQ USAREC, Recruiting Operations Directorate, Special Missions Division, Chaplain Recruiting Branch, immediately.

b. Projection. CR will immediately report to HQ USAREC, Recruiting Operations Directorate, Special Missions Division, Chaplain Recruiting Branch noncommissioned officer in charge, circumstances that may lead to immediate or eventual loss of the CH/CC and post USAREC Fm 200-X accordingly.

### **Chapter 7**

## **Command and Management**

### **Section I**

#### **General**

#### **7-1. Command functions**

a. The Rctg Bde Operations Officer (S3), if senior to the CR, is responsible for the supervision, training, and welfare of the CR. If the Rctg Bde S3 is not senior to the CR, then the Rctg Bde commander will determine who will fulfill this role.

b. The supervisor will receive command and management directives from the brigade leadership team. The uniqueness of chaplain recruiting necessitates close coordination and consultation with HQ USAREC, Recruiting Operations Directorate, Special Missions Division, Chaplain Recruiting Branch. Although reports may be received or furnished by various personnel assigned or attached to the Rctg Bde headquarters, command and management functions will be performed by the Rctg Bde S3.

#### **7-2. CR and supervisor PR**

PR between the CR and their supervisor is the method used to establish command and control of chaplain production. PR is required at a minimum of once per week, and may be accomplished telephonically or in person. It is the process the S3 uses to continuously evaluate the prospecting and processing activities of the CR. A secondary purpose is to give guidance concerning recruiting operations, administration, and logistics support.

#### **7-3. Selection, training, and integration**

The selection of CR is the responsibility of the CCH Office. The supervisor will ensure newly assigned CR receive the prescribed initial training and are adequately sponsored. Initial training of CR will be conducted by the Chaplain Recruiting Branch of the Recruiting Operations Directorate, HQ USAREC. Time and place will be coordinated

between Chaplain Branch and the Rctg Bde. This training should be scheduled as far in advance as possible.

#### **7-4. Supervision**

As the first-line supervisor, the Rctg Bde S3 will function as the rater. The Chaplain Recruiting Branch Chief will function as the intermediate rater. The senior rater will be determined by the Rctg Bde commander.

### **Section II**

## **Management Functions**

#### **7-5. Administration**

The supervisor will ensure the CR has access to the necessary automation assets and an adequate supply of production-related materials. The supervisor will properly maintain reference files, functional files, and all forms and records described within this regulation in the active files for a period of 24 months, unless otherwise stated.

#### **7-6. Security**

The supervisor of CR will ensure:

- a. The CR will secure all Government-issued equipment.
- b. The CR is aware of actions to be taken in the event of bomb threats, civil disturbances, or terrorist situations.

#### **7-7. Chaplain recruiting operations**

The Rctg Bde S3 will file a USAREC Fm 533-C in a three-ring binder to facilitate efficient review and posting. Other essential administrative and logistical documents may be included in the binder for ready reference. Evaluate training needs of assigned CR and ensure training needs are met.

#### **7-8. Logistics**

The supervisor of CR will ensure:

- a. The CR presents a professional appearance.
- b. All assigned property is properly inventoried and managed.
- c. Personal telephone calls are not made at Government expense.





REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY RECRUITING COMMAND  
FORT KNOX, KENTUCKY 40121-2726**

RCRC-CH (601-100a)

MEMORANDUM FOR Commander, Military Entrance Processing Station

SUBJECT: Medical Examination for Career Professionals (Chaplains and Chaplain Candidates)

1. The following person is applying for the Army Chaplaincy. You are requested to administer a complete physical examination with DAT and HIV screening per AR 40-501, chapter 2. This "precommissioning" physical is for **Appointment in the U.S. Army Reserve** and is a necessary part of their application process.

Full Name: BROWN, LISA K.  
SSN: 000-00-0000  
Mailing Address: 123 ANY STREET  
LOUISVILLE, KY 40000  
Daytime Phone: (111) 555-0000

2. When the applicant has completed the portion of the examination that requires his/her presence, please provide the individual with a "working copy" of the SF 88 and SF 93 before he/she leaves your facility. When the physical is complete and all results have been recorded, send the original (with supporting documentation) to:

**HQ USAREC  
ATTN RCRO-SM-CH  
1307 THIRD AVE  
FORT KNOX KY 40121-2726**

Also, please send a "certified true copy" to the applicant, helping to ensure that we are covered if something is lost in the mail. This is different from your normal procedures; however, due to the chaplain accessioning process it is necessary that we follow these guidelines.

3. I greatly appreciate your assistance. For any questions or concerns call a member of the Chaplain Recruiting Branch at 1-800-223-3735, extension 6-0435 or 6-0702.

SIGNATURE BLOCK

**Figure 5-1. Sample memorandum for medical examination**

**U.S. Army Reserve  
Chaplain and Chaplain Candidate  
Application Document Checklist**  
(For use of this form see USAREC Reg 350-12)

Applicant Reverend Robert Jones SSN 000-00-0000 Phone (000) 000-0000  
Faith Group American Baptist Churches ☒ Chaplain ☐ Candidate

Recruiter	Applicant	Mil Per Tech	NCOIC	DACH	Document
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DD Form 2088 - Endorsement or Appointment Letter
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Interview (Chaplain Only)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Full-Length Photo
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Commander's Recommendation (Currently in Unit Only)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DA Form 61 (3 copies) (Moral Waiver? <u>No</u> )
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CHOBC Proof of Completion or Statement on DA Form 61
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Application Letter
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Undergraduate Transcripts (Accredited <u>Yes</u> )
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grad Transcripts or St of Enr (Accredited <u>Yes</u> )
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Verification of Security Clearance (Document Used <u>DD 873</u> )
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SF 86 (2 Copies or 1 With Verification of Current Clearance)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	JUST Form FD 258 - Fingerprint Card (2 Copies)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SF 88 and SF 93 with HIV and DAT (Original and 1 Copy)
NA	NA	NA	NA	NA	DD Form 368 - Conditional Release From Reserve Component
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DD form 3574 (Without PS) or DA Form 3575 (With PS) (3 Copies)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Official Verification of Birth (Certified True Copy) (Age Waiver <u>No</u> )
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Verification of Naturalization or Residency Status (If Applicable)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chronological Listing of All Civilian Employment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DD Form 214 - Certificate of Discharge (RE Code Waiver <u>No</u> )
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OMPF and/or Source Documents
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NGB Form 23 or DARP Form 249-2-E (Retirement Points)

Recruiter of Record CH (MAJ) Jones  
Verified By /signed/ Date 5 Mar 98  
Reviewed By /signed/ Date 4 Mar 98

USAREC Fm 1164, 1 Apr 98

Figure 5-2. Sample of a completed USAREC Fm 1164

APPLICATION FOR APPOINTMENT											
For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER											
DATA REQUIRED BY THE PRIVACY ACT OF 1974											
AUTHORITY:		Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552 a)									
PRINCIPAL PURPOSE:		To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.									
ROUTINE USES:		Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.									
DISCLOSURE:		Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.									
1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED					2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable)						
					AR 135-101						
COMMISSIONED OFFICER - REGULAR ARMY					3. GRADE FOR WHICH APPLYING (Reserve appointments only)						
X COMMISSIONED OFFICER - ARMY RESERVE					1LT						
WARRANT OFFICER - REGULAR ARMY					4. SOURCE OF APPLICATION (ROTC only)						
					DMG DATE DESIGNATED						
WARRANT OFFICER - ARMY RESERVE					SCHOLARSHIP- ENTER 1, 2, 3 OR 4 YEARS						
OFFICER CANDIDATE SCHOOL					5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)						
6. BRANCH AND SPECIALTY PREFERENCES					a. MOS CODE						
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence indicate 10 branch preferences other than OA and SS  USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.					b. MOS TITLE						
PERSONAL DATA											
PREFERENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle) (Explain variations from birth certificate in Item 41)				8. GRADE	9a. SOCIAL SECURITY NUMBER			
			JONES, ROBERT LOUIS, JR				1LT	000-00-0000			
			10. BRANCH (MOS if entered or not)	11. TOTAL YEARS ACTIVE SERVICE	12. MARITAL STATUS	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE		9b. SELECTIVE SERVICE NUMBER			
	AD		MI	7	M	1		8691836580			
	AG		14. DATE OF BIRTH	15. PLACE OF BIRTH (City, county, state)		16. SEX	17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code)				
	AR		07/02/64	FRANKFORT, GERMANY		M					
	AV		PHONE AND OR AUTO/CON NUMBER								
	CA		18. PERMANENT ADDRESS (Include ZIP Code)								
	QM		000 ANY STREET								
	EN		LOUISVILLE, KY 00000								
	FA		19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code)								
	FI		PHONE (Include area code) (000) 000-0000								
	IN		20. US CITIZEN		a. NATIVE		b. <input checked="" type="checkbox"/> NATURALIZATION		c. APPLICANT'S CERTIFICATION (If item b checked) (Date, place, court)		
	MI		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> YES		<input type="checkbox"/> DERIVED		JULY 4, 1976 US FEDERAL DISTRICT COURT, SAN FRANCISCO, CA		
	MP		<input type="checkbox"/> NO		<input checked="" type="checkbox"/> NO		<input type="checkbox"/> IMMIGRANT				
	CD										
	QM		21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)								
	SC		a. HIGH SCHOOL GRADUATE		b. NAME AND LOCATION OF HIGH SCHOOL						
	SS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MANUAL HIGH SCHOOL, LOUISVILLE, KY 00000						
	TC		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA and USMMA)		(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE			
1	AN	USAR									
	CH										
	DE		SOUTHERN BAPT THEOL SEM, LOUISVILLE, KY 00000		MDIV	90	3	30	05	1994	THEOLOGY
	JA										
	MC										
	MS		UNIV OF LOUISVILLE		BA	120	4	30	01	1991	HISTORY
	SP		d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC		e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41) (Remarks)						
	VC		MAGNA CUM LAUDE								
22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED											
a. NAME OF SCHOOL			b. COURSE		c. DATES (Mo-Yr)		COMPLETED		d. IF NOT COMPLETED GIVE REASON		
					FROM TO		YES NO				
MIOBC			BASIC		0789 0190		X				
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY								b. ALAT SCORE (If applicable)			
GERMAN, FLUENT											

DA FORM 61, JUN 81

EDITION OF 1 AUG 74 AND DA FORM 61-R 26 SEP 75, PRIVACY ACT STATEMENT, ARE OBSOLETE

USAPPCV1.00

Figure 5-3. Sample of a completed DA Form 61

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <span style="float:right"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, attach affidavit)</span>									
25. <input checked="" type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE, REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS, AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.									
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO POST BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.									
27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in item 39)									
		a. ORGANIZATION (US Armed Forces, USCG, NOAA US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO (If applicable)	e. HIGHEST GRADE AND COMPONENT	
				FROM	TO				
ENLISTED	US ARMED FORCES		15 MAR 83		13 MAR 87	05H		E4, US ARMY	
WARRANT OFFICER									
COMMISS- SIONED									
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____									
28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)									
		a. ORGANIZATION (US Armed Forces, USCG, NOAA US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO (If applicable)	e. HIGHEST GRADE AND COMPONENT	
				FROM	TO				
ENLISTED									
WARRANT OFFICER									
COMMISS- SIONED	US ARMED FORCES		5 MAY 89		12 JUL 92	M1		02, USAR	
29. SOURCE OF CURRENT COMMISSION (If applicable) <span style="float:right"><input type="checkbox"/> OTHER</span>									
ARNGUS <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT USAR <input checked="" type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECF) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT									
30. AWARDS (Do not list theater or service medals)									
31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC <span style="float:right"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span> b. OCS <span style="float:right"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>									
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)				YES	NO	d. APPOINTMENT IN REGULAR ARMY		YES	NO
ASA WARRANT OFFICER					X	ASA WARRANT OFFICER			X
ASA COMMISSIONED OFFICER					X	ASA COMMISSIONED OFFICER			X
e. IF ANSWER IS "YES", EXPLAIN FULLY									
32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment) <span style="float:right">NO</span>									
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN UELJ OF ELIMINATION PROCEEDINGS, BEEN DISCHARGED IN UELJ OF ELIMINATION, FURLOUGHED (other than regular furlough for leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES, OR HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

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Figure 5-3. Sample of a completed DA Form 61 (Continued)

<b>34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY</b>				<b>35. APPLICANTS FOR CHAPLAINS BRANCH ONLY</b>	
BARS OF WHICH YOU ARE A MEMBER (Specify dates)				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED  <b>SOUTHERN BAPTIST CONVENTION</b>	
<b>36. APPLICANTS FORMEDICAL AND DENTAL CORPS ONLY</b>					
<b>a. TRAINING</b>		<b>b. NAME AND LOCATION OF HOSPITAL</b>		<b>c. DATES (Month and Year)</b>	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TRAINING					
SPECIALTY TRAINING					
<b>d. SPECIALTY BOARDS</b>				<b>e. DATES OF CERTIFICATION (Day, Month, Year)</b>	
<b>f. PLACE IN WHICH CURRENTLY LICENSED</b>					
<b>37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY</b>					
<b>a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL</b>				<b>b. LOCATION</b>	
<b>c. DATES OF ATTENDANCE (Mo, Yr)</b>		<b>d. STATE AND CURRENT REGISTRATION NUMBER</b>		<b>e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)</b>	
FROM	TO				
<b>f. POST GRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)</b>					
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL		(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE (Month, Year)	
				FROM	TO
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates) <input type="checkbox"/> YES <input type="checkbox"/> NO					
39. <b>ARMY ROTC</b> (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED (Month and Year)		<b>c. CAMP TRAINING</b>		
	FROM	TO			
<b>a. BASIC</b>			(1) INSTALLATION (Basic)		COMPLETION DATE (Month, Year)
<b>b. ADVANCED</b>			(2) INSTALLATION (Advanced/Parger)		COMPLETION DATE (Month, Year)
<b>40. MAIN CIVILIAN EMPLOYMENT</b>					
<b>a. NAME AND ADDRESS OF EMPLOYER</b> LOCUST STREET BAPTIST STREET, LOUISVILLE, KY 00000			<b>b. JOB TITLE</b> Pastor		<b>c. MONTH AND YEAR</b>
					FROM 0694
					TO 0797
<b>b. PRINCIPAL DUTIES (Describe briefly)</b> PREACHING, TEACHING, COUNSELING					
41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-2.7(d), AR 601-1.00). (If more space is required, attach additional sheet)					
I understand that I must complete the Chaplain Officer Basic Course within 36 month from the date of appointment or be subject to discharge per AR 135-175 for failure to complete to a basic branch course.					
I understand my present Reserve Status will be vacated by acceptance of appointment.					
I am in compliance with the height/weight standards per AR 600-9 and have passed my most recent APFT.					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			DATE	SIGNATURE OF APPLICANT	

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Figure 5-3. Sample of a completed DA Form 61 (Continued)

THIS PAGE NOT TO BE COMPLETED BY APPLICANT

<b>PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR (RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)</b>		
<b>FROM</b> (Name and Address of Institution)	<b>TO</b> (Appropriate Region Commander)	
a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)		
b. APPLICANT <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING		
c. APPLICANT <input type="checkbox"/> WILL HAVE ATTAINED <input type="checkbox"/> WILL NOT HAVE ATTAINED A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE		
d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMENDING APPOINTMENT.		
e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)		
DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE (PMS)
<b>PART II - RECOMMENDATION FOR APPLICANTS FOR CCS ONLY (AR 351-5)</b>		
<b>a. STATEMENT</b>		
TO		DATE
1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____		
2. I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT RECOMMEND THE APPLICANT.		
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).		
ENCLOSURES		SIGNATURE
ORGANIZATION		TYPED NAME, GRADE AND TITLE
<b>b. STATEMENT</b>		
TO		DATE
1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____		
2. I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT RECOMMEND THE APPLICANT.		
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).		
ENCLOSURES		SIGNATURE
ORGANIZATION		TYPED NAME, GRADE AND TITLE

USAPPCV1.00

Figure 5-3. Sample of a completed DA Form 61 (Continued)

**APPLICATION LETTER TEMPLATE**  
(DO ONLY THOSE SECTIONS THAT APPLY TO YOUR SITUATION)

(Your Letterhead)

(Date)

**United States Army Recruiting Command  
Chaplain Recruiting Branch  
ATTN: RCRO-SM-CH (Chaplain Candidate)  
1307 Third Avenue  
Fort Knox, KY 40121**

**To Whom It May Concern:**

*All applicants will include this statement dealing with religious pluralism and accommodation of religious practices:*

**While remaining faithful to my denominational beliefs and practices, I understand that, as a chaplain candidate, I must be sensitive to religious pluralism and will provide for the free exercise of religion by military personnel, their families, and other authorized personnel served by the Army. I further understand that, while the Army places a high value on the rights of its members to observe the tenets of respective religions, accommodation is based on military need and cannot be guaranteed at all times and in all places.**

*If you have no security clearance or if you are not including a certificate verifying the current status of your security clearance, include this statement:*

**I understand that my appointment as a commissioned officer in the United States Army Reserve is being accomplished prior to completion of a required National Agency Check and a Federal Bureau of Investigation Name Check. I further understand that if as a result of the post-commissioning investigative processes, I am determined unacceptable for appointment as a commissioned officer, I will be discharged from the United States Army Reserve and that I will receive an appropriate discharge certificate.**

*If you are not a citizen of the United States and you have a Resident Alien Registration Card, include this statement:*

**I understand that due to my immigrant alien status, I will not be eligible to obtain a security clearance during my tenure in the United States Army Reserve. I further understand that I will be precluded from assignment to positions and duties requiring access to classified information. If I decide to become a citizen of the United States of America, I understand that I will be eligible to apply for a security clearance after I have attained citizenship.**

*If you will be 34 years of age or older within 8 weeks of the accessioning board, include this statement:*

**I understand that, because of my age and under existing legislation, I may not be entitled to military retirement benefits.**

(Signature)  
(Full Typed Name)  
(Social Security Number)

**Figure 5-4. Sample application letter for chaplain candidate**

**APPLICATION LETTER TEMPLATE**  
(DO ONLY THOSE SECTIONS THAT APPLY TO YOUR SITUATION)

(Your Letterhead)

(Date)

United States Army Recruiting Command  
Chaplain Recruiting Branch  
ATTN: RCRO-SM-CH (Chaplain)  
1307 Third Avenue  
Fort Knox, KY 40121

To Whom It May Concern:

*All applicants will include this statement dealing with qualifications for chaplaincy service:*

I understand that I have been endorsed to serve as a chaplain with the United States Army Reserve without concurrent active duty by *(the name of your endorsing organization)*. As certified by the endorsement which I have received, I am a fully qualified member of the clergy of *(the name of your religious faith group or independent church)* and consider myself spiritually, morally, intellectually, and emotionally qualified to serve as a chaplain. I have completed *(number of years)* of full-time active professional clergy service. I have completed *(number of years)* years of full-time active professional clergy service after meeting the minimum educational requirements for applying to the U.S. Army Chaplaincy.

*All applicants will include this statement dealing with religious pluralism and accommodation of religious practices:*

While remaining faithful to my denominational beliefs and practices, I understand that, as a chaplain, I must be sensitive to religious pluralism and will provide for the free exercise of religion by military personnel, their families, and other authorized personnel served by the Army. I further understand that, while the Army places a high value on the rights of its member to observe the tenets of their respective religions, accommodation is based on military need and cannot be guaranteed at all times and in all places.

*All applicants will include this statement dealing with the interview process:*

I attest that the application interview with the field screening chaplain, *(name of interviewing chaplain)*, considered my professional and academic qualifications, pastoral abilities, military experience, motivation for ministry in the Army Chaplaincy, and willingness to work cooperatively with other faith groups. Furthermore, the interview examined my ability to deal with people and my personality traits. The interviewer had the opportunity to assess my appearance, poise, general physical condition, and verbal and written proficiency in the English language. The interviewer discussed whether or not any personal concerns affecting myself or my family would result in limitation of assignment worldwide. My response in the interview constitutes a valid tool for assessment of my overall potential for service with the Army Chaplaincy.

*If you have no security clearance or if you are not including a certificate verifying the current status of your security clearance, include this statement:*

I understand that my appointment as a commissioned officer in the United States Army Reserve is being accomplished prior to completion of a required National Agency Check and a Federal Bureau of Investigation Name Check. I further understand that if as a result of the post-commissioning investigative processes, I am determined unacceptable for appointment as a commissioned officer, I will be discharged from the United States Army Reserve and that I will receive an appropriate discharge certificate.

Figure 5-5. Sample application letter for chaplain



*If you are not a citizen of the United States and you have a Resident Alien Registration Card, include this statement:*

**I understand that due to my immigrant alien status, I will not be eligible to obtain a security clearance during my tenure in the United States Army Reserve. I further understand that I will be precluded from assignment to positions and duties requiring access to classified information. If I decide to become a citizen of the United States of America, I understand that I will be eligible to apply for a security clearance after I have attained citizenship.**

*If you will be 40 years of age or older within 8 weeks of the accessioning board, include this statement:*

**I understand that, because of my age and under existing legislation, I may not be entitled to military retirement benefits.**

(Signature)  
(Full Typed Name)  
(Social Security Number)

**Figure 5-5. Sample application letter for chaplain (Continued)**

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

<b>Part 1</b>		Investigating Agency Use Only				Codes		Case Number						
		Agency Use Only (Complete items A through P using instructions provided by the investigating agency.)												
<b>A</b> Type of Investi- gation		<b>B</b> Extra Coverage		<b>C</b> Sensitivity Level		<b>D</b> Access		<b>E</b> Nature of Action Code		<b>F</b> Date of Action		Month	Day	Year
<b>G</b> Geographic Location		<b>H</b> Position Code		<b>I</b> Position Title										
<b>J</b> SON		<b>K</b> Location of Official Personnel Folder		None <input type="checkbox"/> NFRC <input type="checkbox"/> At SON		Other Address				ZIP Code				
<b>L</b> SQ		<b>M</b> Location of Security Folder		None <input type="checkbox"/> At SQ <input type="checkbox"/> NPI		Other Address				ZIP Code				
<b>N</b> CPAC-ALC Number		<b>O</b> Accounting Data and/or Agency Case Number												
<b>P</b> Requesting Official		Name and Title				Signature				Telephone Number		Date		
										( )				
Persons completing this form should begin with the questions below.														
<b>1 FULL NAME</b> ● If you have only initials in your name, use them and state (IO). ● If you have no middle name, enter "NMN". Last Name: JONES First Name: ROBERT Middle Name: LOUIS Jr., II, etc.: JR. Month: 07 Day: 02 Year: 64										<b>2 DATE OF BIRTH</b>				
<b>3 PLACE OF BIRTH</b> - Use the two letter code for the State. City: FRANKFURT Country: GERMANY										<b>4 SOCIAL SECURITY NUMBER</b> 000-00-0000				
<b>5 OTHER NAMES USED</b> Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.														
<b>#1</b> BOBBY		Month/Year: 07/64 To: PRES		<b>#3</b>		Month/Year: To:								
<b>#2</b>		Month/Year: To:		<b>#4</b>		Month/Year: To:								
<b>6 OTHER IDENTIFYING INFORMATION</b>		Height (feet and inches): 73		Weight (pounds): 195		Hair Color: BROWN		Eye Color: BLUE		Sex (Mark one box) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male				
<b>7 TELEPHONE NUMBERS</b>		Work (Include Area Code and extension) <input checked="" type="checkbox"/> Day Night ( 000 ) 000-0000		Home (Include Area Code) <input checked="" type="checkbox"/> Day Night ( 000 ) 000-0000										
<b>8 CITIZENSHIP</b>		<b>a</b> Mark the box at the right that reflects your current citizenship status, and follow its instructions. <input checked="" type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d) <input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)										<b>b</b> Your Mother's Maiden Name SMITH		
<b>c</b> UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship. Naturalization Certificate (Where were you naturalized?) Court: US FEDERAL DISTRICT COURT City: SAN FRANCISCO State: Certificate Number: A68395325 Month/Day/Year Issued: JULY 14, 1976 Citizenship Certificate (Where was the certificate issued?) City: State: Certificate Number: Month/Day/Year Issued:														
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States Give the date the form was prepared and give an explanation if needed. Month/Day/Year: Explanation: U.S. Passport This may be either a current or previous U.S. Passport. Passport Number: Month/Day/Year Issued:														
<b>d</b> DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country:														
<b>e</b> ALIEN If you are an alien, provide the following information: Place You Entered the United States: City: State: Date You Entered U.S. Month: Day: Year: Alien Registration Number: Country(ies) of Citizenship:														

Figure 5-6. Sample of a completed SF 86

## 9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible; for example, do not list only your base or ship, list your barracks number or homeport. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people or residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year <b>#1</b> 06/94 To Present	Street Address 000 ANY STREET	Apt. # #123	City (Country) LOUISVILLE	State KY	ZIP Code 00000
Name of Person Who Knew You JOSEPH BROWN	Street Address 000 LOCUST STREET	Apt. #	City (Country) LOUISVILLE	State KY	ZIP Code 00000
Month/Year <b>#2</b> 03/91 To 05/94	Street Address 000 BARDSTOWN ROAD	Apt. #	City (Country) LOUISVILLE	State KY	ZIP Code 00000
Name of Person Who Knew You LINDA ROBERTS	Street Address 000 PENNY LANE	Apt. #	City (Country) LOUISVILLE	State KY	ZIP Code 00000
Month/Year <b>#3</b> 07/90 To 02/91	Street Address 000 MAIN STREET	Apt. #	City (Country) ELIZABETHTOWN	State KY	ZIP Code 00000
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#4</b> To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#5</b> To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code

## 10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year <b>#1</b> 03/91 To 05/94	Code 2	Name of School SOUTHERN BAPT THEOL SEM	Degree/Diploma/Other MASTERS OF DIVINITY	Month/Year Awarded 05/94
Street Address and City (Country) of School 0000 LEXINGTON ROAD, LOUISVILLE			State KY	ZIP Code 00000
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State KY
Month/Year <b>#2</b> 01/87 To 01/91	Code 2	Name of School UNIV OF LOUISVILLE	Degree/Diploma/Other BA	Month/Year Awarded 01/91
Street Address and City (Country) of School 0000 THIRD STREET LOUISVILLE			State KY	ZIP Code 00000
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State KY
Month/Year <b>#3</b> To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State KY

Enter your Social Security Number before going to the next page

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Figure 5-6. Sample of a completed SF 86 (Continued)

# 11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations  
2 - National Guard/Reserve  
3 - U.S.P.H.S. Commissioned Corps  
4 - Other Federal employment

5 - State Government (Non-Federal employment)  
6 - Self-employment (Include business name and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)  
8 - Federal Contractor (List Contractor, not Federal agency)  
9 - Other

**Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year <b>#1</b> 06/94	Month/Year To Present	Code 9	Employer/Verifier Name/Military Duty Location LOCUST STREET BAPTIST CHURCH	Your Position Title/Military Rank PASTOR		
Employer's/Verifier's Street Address 777 LOCUST STREET			City/Country LOUISVILLE	State KY	ZIP Code 40000	Telephone Number ( 111 ) 555-4321
Street Address of Job Location (if different than Employer's Address)			City/Country	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location) LARRY SMITH, 999 LYNDON AVE			City/Country LOUISVILLE	State KY	ZIP Code 40000	Telephone Number ( 111 ) 555-1234
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
Month/Year <b>#2</b> 03/93	Month/Year To 05/94	Code 7	Employer/Verifier Name/Military Duty Location SARAH YATES	Your Position Title/Military Rank STUDENT		
Employer's/Verifier's Street Address 555 SHELTON STREET			City/Country FAIRDALE	State KY	ZIP Code 40001	Telephone Number ( 111 ) 444-0000
Street Address of Job Location (if different than Employer's Address)			City/Country	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City/Country	State	ZIP Code	Telephone Number ( )
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year 07/90	Month/Year To 02/91	Position Title STUDENT	Supervisor N/A		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
Month/Year <b>#3</b> 02/91	Month/Year To 03/93	Code 9	Employer/Verifier Name/Military Duty Location MCDONALD'S	Your Position Title/Military Rank COOK		
Employer's/Verifier's Street Address 1000 MILLER AVENUE			City/Country FERN CREEK	State KY	ZIP Code 40002	Telephone Number ( 111 ) 333-0101
Street Address of Job Location (if different than Employer's Address)			City/Country	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City/Country	State	ZIP Code	Telephone Number ( )
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		

Enter your Social Security Number before going to the next page



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Figure 5-6. Sample of a completed SF 86 (Continued)

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

<b>#4</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number (    )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number (    )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number (    )
<b>PREVIOUS PERIODS OF ACTIVITY</b> <i>(Block #4)</i>	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
<b>#5</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number (    )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number (    )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number (    )
<b>PREVIOUS PERIODS OF ACTIVITY</b> <i>(Block #5)</i>	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
<b>#6</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number (    )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number (    )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number (    )
<b>PREVIOUS PERIODS OF ACTIVITY</b> <i>(Block #6)</i>	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		

**12 PEOPLE WHO KNOW YOU WELL**

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name <b>#1 SAM BILLINGS</b>	Dates Known Month/Year    Month/Year 07/64    To    PRES	Telephone Number <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">X</div>Day Night</div>	( 000 ) 000-0000
Home or Work Address 000 CINDY LANE		City (Country) HURON	State    ZIP Code SD    00000
Name <b>#2 ALICE BROWN</b>	Dates Known Month/Year    Month/Year 06/90    To    PRES	Telephone Number <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">X</div>Day Night</div>	( 000 ) 000-0000
Home or Work Address 000 MAPLE ROAD		City (Country) LOUISVILLE	State    ZIP Code KY    00000
Name <b>#3 BILLY MCDANIELS</b>	Dates Known Month/Year    Month/Year 05/84    To    PRES	Telephone Number <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">X</div>Day Night</div>	( 000 ) 000-0000
Home or Work Address 0000 MILES STREET		City (Country) ELIZABETH TOWN	State    ZIP Code KY    00000

Enter your Social Security Number before going to the next page



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**Figure 5-6. Sample of a completed SF 86 (Continued)**

**13 YOUR SPOUSE**

Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

<input type="checkbox"/> 1 - Never married	<input type="checkbox"/> 3 - Separated	<input type="checkbox"/> 5 - Divorced
<input checked="" type="checkbox"/> 2 - Married	<input type="checkbox"/> 4 - Legally Separated	<input type="checkbox"/> 6 - Widowed

**a** Current Spouse. Complete the following about your current spouse only.

Full Name <b>BETTY AN JONES</b>	Date of Birth <b>06/05/66</b>	Place of Birth (Include country if outside the U.S.) <b>OCHENFURT, GERMANY</b>	Social Security Number <b>000-00-0000</b>
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name) <b>HELMS - MAIDEN NAME 06/66 TO 08/83</b>			Country(ies) of Citizenship <b>US</b>
Date Married <b>08/13/83</b>	Place Married (Include country if outside the U.S.) <b>CHEYENNE</b>		State <b>SD</b>
If Separated, Date of Separation		If Legally Separated, Where is the Record Located? City (Country) State	
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.)			State ZIP Code

**b** Former Spouse(s). Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check one, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year	If Divorced, Where is the Record Located? City (Country) State	
Address of Former Spouse (Street, city, and country if outside the U.S.)			State ZIP Code Telephone Number ( )

**14 YOUR RELATIVES AND ASSOCIATES**

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- |                     |                          |                   |                    |                                      |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first)  | 5 - Foster parent        | 9 - Sister        | 13 - Half-sister   | 17 - Other Relative*                 |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother  | 14 - Father-in-law | 18 - Associate*                      |
| 3 - Stepmother      | 7 - Stepchild            | 11 - Stepsister   | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather      | 8 - Brother              | 12 - Half-brother | 16 - Guardian      |                                      |

\* Code 17 (Other Relative)- include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (If deceased check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/> MAXINE WEST JONES	<b>1</b>	01/23/40	US	US	000 LINCOLN TRAIL, WEBSTER, SD 00000	SD
<input checked="" type="checkbox"/> RALPH ALBERT JONES	<b>2</b>	12/09/37	GERMANY	US		
<input type="checkbox"/> MARK DENNIS JONES	<b>6</b>	09/12/85	US	US	000 ANY STREET, LOUISVILLE, KY 00000	KY
<input type="checkbox"/> JACK GUENTHER HELMS	<b>14</b>	04/28/42	GERMANY	GERMANY	421 MAINSTRASSE, OCHENFURT, GERMANY	
<input type="checkbox"/> HELGA SCHULTZ HELMS	<b>15</b>	06/18/44	GERMANY	GERMANY	421 MAINSTRASSE, OCHENFURT, GERMANY	
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Enter your Social Security Number before going to the next page

000-00-0000

Figure 5-6. Sample of a completed SF 86 (Continued)

**15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES**

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

Association <b>#1</b> SPOUSE	Name BETTY ANN (HELMS) JONES	Date of Birth (Month/Day/Year) 06/05/66
Certificate/Registration # A8593698	Document Code 1	Additional Information US FEDERAL DISTRICT COURT, NEW YORK, NEW YORK
Association <b>#2</b>	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information

**16 YOUR MILITARY HISTORY**

**a** Have you served in the United States military?

Yes	No
X	
	X

**b** Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

**Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

**OE.** Mark "O" block for Officer or "E" block for Enlisted.

**Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

**Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
03/83	To 03/87				X	X				
05/89	To 07/92			X			X			

**17 YOUR FOREIGN ACTIVITIES**

**a** Do you have any foreign property, business connections, or financial interests?

Yes	No
	X
	X

**b** Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

**c** Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

Yes	No
	X

**d** In the last 7 years, have you had an active passport that was issued by a foreign government?

Yes	No
	X

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

**18 FOREIGN COUNTRIES YOU HAVE VISITED**

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contract or must be listed.)

Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

Includes short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do

not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1 08/85	To 08/85	2	GERMANY	#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page



000-00-0000

Figure 5-6. Sample of a completed SF 86 (Continued)

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Part 2

OFFICIAL  
USE  
ONLY

### 19 YOUR MILITARY RECORD

Yes	No
	X

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year	Type of Discharge

### 20 YOUR SELECTIVE SERVICE RECORD

Yes	No
X	
X	

**a** Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to **b**.

**b** Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number	Legal Exemption Explanation
8691836580	

### 21 YOUR MEDICAL RECORD

Yes	No
	X

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

### 22 YOUR EMPLOYMENT RECORD

Yes	No
	X

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended:

- |  |  |                                  |
|--|--|----------------------------------|
| 1 - Fired from a job                           | 3 - Left a job by mutual agreement following allegations of misconduct                 | 5 - Left a job for other reasons |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | under unfavorable circumstances  |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/country if outside U.S.)	State	ZIP Code

### 23 YOUR POLICE RECORD

Yes	No
	X
	X
	X
	X
	X
	X

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- a** Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- b** Have you ever been charged with or convicted of a firearms or explosives offense?
- c** Are there currently any charges pending against you for any criminal offense?
- d** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- e** In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- f** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

000-00-0000

Figure 5-6. Sample of a completed SF 86 (Continued)



<b>24</b>	<b>YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY</b>						Yes	No
<p>The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.</p>								
<b>a</b>	<p>Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?</p>						X	
<b>b</b>	<p>Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?</p>						X	
<b>c</b>	<p>In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?</p>						X	
<p>If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.</p>								
Month/Year		Month/Year		Controlled Substance/Prescription Drug Used		Number of Times Used		
To								
To								

<b>25</b>	<b>YOUR USE OF ALCOHOL</b>						Yes	No
<p>In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?</p>								
							X	
<p>If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.</p>								
Month/Year		Month/Year		Name/Address of Counselor or Doctor			State	ZIP Code
To								
To								

<b>26</b>	<b>YOUR INVESTIGATIONS RECORD</b>						Yes	No		
<b>a</b>	<p>Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.</p>						X			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Codes for Investigating Agency</b>            1 - Defense Department            2 - State Department            3 - Office of Personnel Management            4 - FBI            5 - Treasury Department            6 - Other (Specify)         </td> <td style="width: 50%; vertical-align: top;"> <b>Codes for Security Clearance Received</b>            0 - Not Required            1 - Confidential            2 - Secret            3 - Top Secret            4 - Sensitive Compartmented Information            5 - Q            6 - L            7 - Other         </td> </tr> </table>									<b>Codes for Investigating Agency</b> 1 - Defense Department 2 - State Department 3 - Office of Personnel Management 4 - FBI 5 - Treasury Department 6 - Other (Specify)	<b>Codes for Security Clearance Received</b> 0 - Not Required 1 - Confidential 2 - Secret 3 - Top Secret 4 - Sensitive Compartmented Information 5 - Q 6 - L 7 - Other
<b>Codes for Investigating Agency</b> 1 - Defense Department 2 - State Department 3 - Office of Personnel Management 4 - FBI 5 - Treasury Department 6 - Other (Specify)	<b>Codes for Security Clearance Received</b> 0 - Not Required 1 - Confidential 2 - Secret 3 - Top Secret 4 - Sensitive Compartmented Information 5 - Q 6 - L 7 - Other									
Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code			
0589	1		2							
<b>b</b>	<p>To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.</p>						Yes	No		
								X		
Month/Year	Department or Agency Taking Action			Month/Year	Department or Agency Taking Action					

<b>27</b>	<b>YOUR FINANCIAL RECORD</b>						Yes	No
<b>a</b>	<p>In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?</p>							X
<b>b</b>	<p>In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?</p>							X
<b>c</b>	<p>In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?</p>							X
<b>d</b>	<p>In the last 7 years, have you had any judgments against you that have not been paid?</p>							
<p>If you answered "Yes" to a, b, c, or d, provide the information requested below:</p>								
Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case		State	ZIP Code	

Enter your Social Security Number before going to the next page



000-00-0000

Figure 5-6. Sample of a completed SF 86 (Continued)



## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature(Sign in ink)	Full Name (Type or Print Legibly)		Date Signed
	ROBERT LOUIS JONES, JR.		
Other Names Used			Social Security Number
BOBBY			000-00-0000
Current Address(Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)
0000 ANY STREET, LOUISVILLE	KY	00000	( 000 ) 000-0000

Page 10

Figure 5-6. Sample of a completed SF 86 (Continued)

## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)  ROBERT LOUIS JONES, JR.	Date Signed
Other Names Used  BOBBY	Social Security Number  000-00-0000	
Current Address (Street, City)  0000 ANY STREET, LOUISVILLE	State  KY	ZIP Code  00000
		Home Telephone Number (Include Area Code)  ( 000 ) 000-0000

**Figure 5-6. Sample of a completed SF 86 (Continued)**

# Verification of Naturalization or Residency Status

(For use of this form see USAREC Reg 350-12)

## A. Citizenship by naturalization:

I have this date seen the original certificate of citizenship, *Number* \_\_\_\_\_  
(or certified copy of the court order establishing citizenship) stating that (*Name*) Robert L. Jones  
\_\_\_\_\_ was admitted to the United States citizenship by the  
court of \_\_\_\_\_  
at (*city and state*) \_\_\_\_\_  
on (*date*) \_\_\_\_\_.

## B. Citizenship through naturalization of parent:

I have this date seen the original certificate of citizenship, *Number* \_\_\_\_\_,  
issued to (*Name*) Robert L. Jones by the Immigration and Naturalization  
Service, Department of Justice, stating that (*Name*) Robert L. Jones acquired  
citizenship on (*date*) \_\_\_\_\_.

## C. Noncitizen who has declared his/her intention to become a citizen of the United States:

I have this date seen the original Alien Registration Receipt Card I-151, bearing  
*Number* \_\_\_\_\_ issued to (*Name*) Robert L. Jones  
on (*date*) \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Army Officer  
or Notary Public

\_\_\_\_\_  
\*\*Seal\*\*

\_\_\_\_\_  
Printed Name

RCRO-SM-CH (165)

Day Month Year

MEMORANDUM FOR Chief of Chaplains, ATTN: DACH-PER, 2700 ARMY PENTAGON.  
WASHINGTON DC 20310-2700

SUBJECT: Request for Moral Waiver

1. I requested a waiver for the following offense: *(State **specifically** with what you were **charged.**)*
2. Date of offense: (Month and year)
3. Place of offense: (City, county, and state)
4. Final disposition of charges: *(Fine, community service, extra duty, letter of reprimand, probation, reduced to (be specific), etc.).*
5. Mitigating circumstances and/or reasons waiver should be granted: *(Show circumstances and positive behaviors since offense.)*

*(signature)*  
FULL NAME  
TITLE (RANK)  
Social Security Number

**Figure 5-8. Sample request for moral waiver**

## **Appendix A References**

### **Section I Related Publications**

#### **AR 40-501**

Standards of Medical Fitness.

#### **AR 135-100**

Appointment of Commissioned and Warrant Officers of the Army.

#### **AR 135-175**

Separation of Officers.

#### **AR 140-185**

Training and Retirement Point Credits and Unit Level Strength Accounting Records.

#### **AR 165-1**

Chaplain Activities in the United States Army.

#### **AR 600-9**

The Army Weight Control Program.

#### **AR 601-210**

Regular Army and Army Reserve Enlistment Program.

#### **USAREC Reg 350-6**

Recruiter Production Management System.

#### **USAREC Reg 600-22**

Assignment of Enlistment Processing Responsibility.

#### **USAREC Reg 601-73**

Missioning Procedures.

#### **USAREC Reg 601-85**

Total Army Involvement in Recruiting.

#### **USAREC Pam 350-7**

Recruiter Salesmanship.

### **Section II**

#### **Required Forms**

#### **USAREC Fm 200-7**

Chaplaincy Prospect Data Record.

#### **USAREC Fm 533-C**

Chaplaincy Processing List.

#### **USAREC Fm 539-A**

Lead Refinement List (Continued).

#### **USAREC Fm 1161**

Chaplain Graduate School Data Sheet.

#### **USAREC Fm 1162**

Chaplain Mentor Roster.

#### **USAREC Fm 1163**

Verification of Naturalization or Residency Status.

#### **USAREC Fm 1164**

U.S. Army Reserve Chaplain and Chaplain Candidate Application Document Checklist.

### **Section III**

#### **Related Forms**

#### **DA Form 61**

Application for Appointment.

#### **DA Form 1380**

Record of Individual Performance of Reserve Duty Training.

#### **DA Form 3574**

Certificate of Acknowledgment and Understanding of Service Requirements for Individuals Applying for Appointment in the USAR Under the Provisions of AR 135-100 or AR 135-101, As Applicable, Individuals Without Prior Service.

#### **DA Form 3575**

Certificate of Acknowledgment and Understanding of Service Requirements for Individuals Applying for Appointment in the USAR Under the Provisions of AR 135-100 or AR 135-101, As Applicable, Individuals Without a Statutory Service Obligation.

#### **DD Form 214**

Certificate of Release or Discharge From Active Duty.

#### **DD Form 368**

Request for Conditional Release From Reserve or Guard Component.

#### **DD Form 2088**

Ecclesiastical Endorsement Agent Certificate.

#### **DD Form 2246**

Applicant Medical Prescreening Form.

#### **JUST Form FD 258**

Federal Bureau of Investigation Fingerprint Card.

#### **SF 86**

Questionnaire for National Security Positions.

#### **SF 88**

Report of Medical Examination.

#### **SF 93**

Report of Medical History.

## **Appendix B**

### **Planning Guide**

The planning guide is organized into three sections.

a. Yearly section. A single page used to display major events or activities which are planned far in advance. Entries made on this page are ultimately reminders for the monthly and/or daily section of the planning guide. Some examples follow:

- (1) National faith group conferences.
- (2) Selection boards.

b. Monthly section. A separate page for each month of the year used to record mid-range plans. Entries in this section are typically moved to the daily section as planning details, dates, and times become firm. Some examples follow:

- (1) Training. Individual and Chaplain Recruiting Branch events.
- (2) Graduate school visits.
- (3) Local faith group conferences.
- (4) Total Army Involvement in Recruiting events.
- (5) Leaves.

c. Daily section. A single page dedicated to each day of the year on which specific events or actions are scheduled. Referred to as the short-range plan, this section provides a listing of all activities which will consume a CR's time. Unprogrammed time must be well managed to accomplish lead generation and prospecting activities, the keys to consistent mission accomplishment. Some examples follow:

- (1) Lead generation activities.
- (2) Sales interviews and applicant and prospect followup.
- (3) Prospecting activities.
- (4) Processing of CH/CC applicants.
- (5) Administrative and logistical duties, personal affairs, travel time, etc.

NOTE: This appendix authorizes the use of personal planners. This personal planner must have a yearly, monthly, and daily section. Additionally, the same filing instructions as the command selected planning guide will apply.



## Appendix C

### Chaplaincy Prospect Data Record

#### USAREC Fm 200-7

Initiate USAREC Fm 200-7 (fig C-1) after a prospect agrees to an appointment. Complete the PDR as much as possible with information obtained from blueprinting and during the initial contact. After the initial contact there is some obvious information that must be recorded on the PDR (e.g., name, address, telephone number, etc.). The CR should record the information that will be useful when conducting the interview. Time, distance, and problems unique to their recruiting market may dictate that other specific information be recorded. After the completion of a sales presentation the PDR should be completed to the fullest extent possible. A fully completed PDR will be used to complete the entries on the USAREC Fm 533-C, USAREC Fm 539-A, and ensure application is completed. The more information recorded will help surface any possible problems that will affect the timely processing of the applicant.

a. Section I, Personal Information. (At the top right of the form, place an X next to the appropriate program for which the prospect is qualified.)

(1) Name. Enter the prospect's legal name as verified by social security card. Last name, first name, and middle name. Include Jr., Sr., I, II, etc.

(2) SSN. Enter the social security number (SSN).

(3) Telephone Numbers. Enter the prospect's home and work telephone numbers, to include area code.

(4) Home Address. Enter the address where the prospect is living. List number, street, city, county, state, and ZIP Code. State may be abbreviated.

(5) Ht. Enter height in inches. Enter in pencil until verified.

(6) Wt/BF%. Enter weight to the nearest pound. Enter in pencil until verified. Enter applicant's body fat percentage if applicant exceeds the maximum allowable weight and the body fat percentage is being used for processing. Instructions for calculating body fat percentage are in AR 600-9.

(7) DOB. Enter date of birth (YYMMDD).

(8) Gender. Enter "M" for male or "F" for female.

(9) Faith Group. Enter the official name of the faith group that will endorse or approve the prospect

(10) Ordained. Enter yes or no, as appropriate.

(11) Citizen. Enter country of citizenship.

(12) PS. Enter yes or no, as appropriate.

(13) Service. Enter branch of service for those with PS.

(14) Years. Enter number of "good" reserve years.

(15) Rank. Enter current or highest rank achieved.

(16) RE Code. Enter code as verified by DD

Form 214 (Certificate of Release or Discharge From Active Duty).

(17) Clearance. Enter type of security clearance currently held.

(18) Undergrad Institution. Enter the name of the school the prospect received his or her baccalaureate degree.

(19) Graduate Institution. Enter the name of the school the prospect is attending or has received his or her qualifying degree.

(20) Yr Grad. Enter the year the prospect received the graduate-level degree or the anticipated year of graduation.

(21) Degree. Enter the graduate degree received or the degree towards which currently being worked.

(22) Credits. Enter the semester credits earned at the graduate level by the prospect at the time of last contact. (To convert quarter hours to semester, multiply by two-thirds.)

b. Section II, Unit Information.

(1) Initial Interview. Enter date (YYMMDD) initial interview is considered the initial contact.

(2) Physical. Enter date of appointment physical (YYMMDD).

(3) Transcript Request. Enter the date request for transcripts was made (YYMMDD).

(4) Endorsing Agent. Enter the endorsing agent's name and telephone.

(5) CH Interviewer/Date. Enter the name of the interviewer for the chaplain prospect and the date of the interview (YYMMDD). Use pencil until the interview has occurred.

(6) Source. Annotate specific lead source based on paragraph 3-5. Use the appropriate code listed below:

(a) SEM. The prospect was generated during a school visit.

(b) CONF. The prospect was generated during a faith group conference.

(c) CHRCTR. The prospect was generated directly by you during a planned prospecting effort (i.e., visiting a church, talking with someone in a restaurant, walking down the street in uniform and someone approaches you, etc.).

(d) RCTR. An enlisted (or Army Medical Department) recruiter puts the individual in touch with you through their contact with the prospect.

(e) LEADS. Prospect was gotten through the Lead Evaluation and Distribution System lists we fax to you.

(f) MAIL. Interest was generated by a mailing by USAREC or yourself.

(g) ADCH. Prospect was referred to you by an active duty (AD) chaplain.

(h) RCCH. Prospect was referred to you by a USAR chaplain.

(i) CAND. Prospect was referred to you by a current chaplain candidate.

(j) AD. Prospect's interest was generated by an advertisement.

(k) EA. Prospect was referred to you by an endorsing agent.

(l) COI. Prospect's interest was generated by a COI (i.e., seminary professor, military officer, retired chaplain, mayor of town, etc.).

(m) PS. Prospect's interest was self-generated as a result of prior military service.

(n) WWW. Prospect's interest is generated by the chaplain home page on the World Wide Web.

(n) OTH. Anything that doesn't fit into the above categories.

(7) Medical, Legal, or Other Concerns. Enter potential medical or other problems that surface during the prequalification or interview. Use the DD Form 2246 and supplemental medical pre-screening form to identify any potential problems.

(8) Waivers. Place an "X" on the line representing the appropriate waiver.

(9) Waiver Status. Place an "X" on the line representing the waiver status.

(10) Packet to USAREC. Enter date (YYMMDD) complete packet was forwarded to HQ USAREC for QC check.

(11) Packet to DACH. Enter date (YYMMDD) board-ready packet was forwarded by HQ USAREC to Department of the Army Chaplain (DACH).

(12) MSN Credit Date. Enter date (YYMMDD) packet was accepted by DACH.

c. Section III, Mission Credit Information.

(1) Bde. Enter Rctg Bde of credit.

(2) RSID. Enter chaplain recruiting station identification (RSID) code.

(3) Chaplain Recruiter of Credit. Enter the name and rank of the CR of credit.

(4) Referring Enlisted Recruiter.

(a) Name. Enter the name of the USAREC recruiter who referred prospect. This information is collected for award point purposes.

(b) SSN. Enter the referring recruiter's SSN.

(c) RSID. Enter the referring recruiter's RSID number.

(c) PHONE. Enter the referring recruiter's recruiting station phone number, to include area code.

d. Section IV, Remarks and Followups.

(1) Remarks.

(a) Enter results of conversation after appointment is made and any other pertinent information.

(b) Results of initial interview. A brief synopsis of what was discussed during the initial interview, to include the individual's needs and interests and what was discussed by the CR in support of them.

(2) Followup activities. Any information regarding face-to-face, telephone interviews, attempts, name and SSN of referrals updated upon selection, etc. (Use of a plain sheet of paper is authorized and can be attached and used for additional information.)

Chaplaincy Prospect Data Record (For use of this form see USAREC Reg 350-12)								Chaplain <u>  X  </u> Staff Specialist _____		
<b>Privacy Act Statement</b>										
<b>Authority:</b> Collection of the information requested by the recruiter and recorded on this form is authorized by sections 503, 505, and 510 of title 10 of the U.S. Code. <b>Principle Purpose:</b> To provide such data as is required by the recruiter to contact and process individuals for the USAR Chaplain/Chaplain Candidate Officer Program. <b>Routine Uses:</b> <ul style="list-style-type: none"> <li>a. Used by the recruiter to contact and process interested individuals.</li> <li>b. Used by the recruiter in such routine contacts as may be necessary to verify information provided by the individual.</li> <li>c. Used by the recruiter to transcribe data onto required forms.</li> <li>d. Used by recruiting personnel in the formulation of market data to determine current recruiting trends.</li> </ul> <b>Effect of Not Providing Information:</b> Disclosure by the individual of the information requested is entirely voluntary; failure to provide this information, however, will result in discontinuance of prospect's processing.										
<b>SECTION I</b>		<b>NAME</b> (Last, First, Middle) JOHNSON, ZACHARY ADAM			<b>SSN</b> 800-11-0000		<b>HOME PHONE #</b> (101) 555-7777 <b>WORK PHONE #</b> (101) 555-1111			
<b>HOME ADDRESS</b> (Number, Street, City, County, State, ZIP Code) 234 Old Ironsides Ave., Anytown, CA 95678							<b>HT</b> 71"	<b>WT/BF%</b> 201/22%	<b>DOB</b> 590106	<b>GENDER</b> M
<b>FAITH GROUP</b> ROMAN CATHOLIC		<b>ORDAINED</b> YES	<b>CITIZEN</b> U.S.	<b>PS</b> YES	<b>SERVICE</b> US ARMY	<b>YEARS</b> 9	<b>RANK</b> SSG	<b>RE CODE</b> 1A	<b>CLEARANCE</b> N/A	
<b>UNDERGRAD INSTITUTION</b> Indiana University, Bloomington, IN			<b>GRADUATE INSTITUTION</b> St. Meinrod School of Theology, IN				<b>YR GRAD</b> 95	<b>DEGREE</b> M. Div	<b>CREDITS</b> 94	
<b>SECTION II</b>		<b>INITIAL INTERVIEW</b> 971211	<b>PHYSICAL</b> 971222	<b>TRANSCRIPT REQUEST</b> 971223		<b>ENDORISING AGENT</b> Bishop Glynn (333) 888-0000		<b>CH INTERVIEWER/DATE</b> CH Peterson 980113		
<b>SOURCE</b> RCCH	<b>MEDICAL, LEGAL, OR OTHER CONCERNS</b> Back Surgery '90 - No problem since									
<b>WAIVERS:</b>		<b>WAIVER STATUS:</b>			<b>PACKET TO USAREC</b> 980115		<b>SECTION III</b>	<b>BDE:</b> 6	<b>RSID:</b>	
<input checked="" type="checkbox"/> <b>MORAL</b> <input type="checkbox"/> <b>MEDICAL</b> <input type="checkbox"/> <b>RE CODE</b> <input type="checkbox"/> <b>AGE</b> <input type="checkbox"/> <b>DA POLICY</b>		<input checked="" type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <b>DATE</b> 980107			<b>PACKET TO DACH</b> 980119		<b>CHAPLAIN RECRUITER OF CREDIT</b> CH (MAJ) JONES			
					<b>MSN CREDIT DATE</b> 980127		<b>REFERRING ENLISTED RECRUITER</b> <b>NAME</b> <b>SSN:</b> <b>PHONE:</b> <b>RSID:</b>			
<b>SECTION IV</b>										
<b>DATE</b>	<b>REMARKS AND FOLLOWUPS:</b>									
971211	Met with Father Johnson at Rectory. Has talked with Bishop about USAR service, wants to take physical and see about surgery.									
971215	Has documents for medical exam - has been to see recruiter - will physical on Dec 22.									
971222	Called in said her was recommended for a waiver. Will request transcripts tomorrow.									
971223	1305 NA - LM on machine; 1710 - NA (sent Application Worksheet).									
971227	1000 - Said he sent request for transcripts, told him to look for worksheet in mail.									
980103	Called in with question on worksheet. Said he should be finished by Wed (7 Jan).									
980109	Received worksheet and will fill out this afternoon. (HQ told me waiver was approved.)									
980112	Sent application for signatures. 1400 - he knows it is coming.									
980114	Received application, signed it, and overnight mail to HQ.									
980115	HQ said they received it.									
980119	HQ called to say it was forwarded to DACH.									
980119	0915 - NA, 1030 - Told Father Zach that packet was sent forward, he should hear about the board by end of February.									
980127	DACH gave credit for packet.									

USAREC Fm 200-7, 1 Apr 98

Figure C-1. Sample of a completed USAREC Fm 200-7



## Appendix D

### Lead Refinement List

a. USAREC Fm 539-A (fig D-1) is self-explanatory except for the "Attempts" block. Use this block to record unsuccessful attempts in pencil only. The date and time will be recorded for each attempt. Annotate each actual contact with the individual listed as a "lead" in ink in the appropriate 1st, 2d, 3d, etc., column. The block labeled "Blueprint Info" will be used to document, as a minimum, faith group and education level. NOTE: A contact is defined as a personal conversation with the prospect, however, second-hand information regarding death or handicap also constitutes a contact.

b. LRL attempt codes:

- (1) SV - Graduate school visit.
- (2) FC - Faith group conferences.
- (3) TC - Telephone call.
- (4) HC - House call.
- (5) MO - Mail out (not to be construed as a contact).
- (6) NA - No answer or not available.
- (7) NH - Not home.

c. Unsuccessful attempts can be sent a MO (mail out) or will be annotated with either HC (house call), TC (telephone call), or SV (school visit) followed by these LRL attempt codes:

- (1) NA - No answer or not available.
- (2) NH - Not home.
- (3) LM - Left message.

d. LRL disposition codes:

(1) 200 = Lead becomes a prospect (agreed to appointment). The code 200 is a permanent entry once entered. No other annotation is necessary unless USAREC Fm 200-7 is terminated or applicant is DA select. Leave code 200 and annotate the appropriate additional code from the list below:

NOTE: These codes are used in the code box until a 200 entry is made. Once the 200 entry is made these codes are placed under the code box with the 200 entry.

(2) F = Lead unwilling to commit. Near-term followup required. At a minimum indicate reason(s) for next followup. Indicate future followup by placing the "FU month" in the margin (in pencil) right of the "Results Code" box. Additionally, placing an entry of next FU in the planning guide is recommended.

(3) U = Lead found to be unqualified. Indicate reason.

(4) M = Lead moved out of zone. Forward to CR nearest new address (indicate how verified).

(5) X = Unable to contact lead. (This implies reasonable efforts have been made.)

(6) NI = Proved to be totally without interest in the Chaplain Program. Indicate reasons.

(7) CH or CC = DA selected.

LEADS	ATTEMPTS Type/Time/Date	TIME/DATE AND RESULTS OF CONTACTS			CODE
Name:	HC/NH 1730	1st	2d	3d	
Davidson, John O.	14 Aug 96	TC 960825 1030 Wants to talk with Bishop before setting appointment.			F
	MO 960815				
Phone: (777) 777-7777					
Address: 810 Round Dr.					
Arlington, TX	BLUEPRINT INFO	4th	5th	6th	
	Roman Catholic Priest 38 yrs old				
ZIP Code: 80008					
Name:	SV 960817	1st	2d	3d	
Davis, John M.		Interested in applying for Chaplain Candidate.  Fully qualified.			200
Phone: (555) 555-5555					
W# (555) 555-5551					
Address: 410 Rock Rd.					
Dallas, TX	BLUEPRINT INFO	4th	5th	6th	
	2d yr. M. Div @ Southwestern Theo Sem. So. Bapt.				
ZIP Code: 00000					
Name:	TC/NA 1800	1st	2d	3d	
DeValle, David L.	20 Aug 96	TC 1900 21 Aug 96 David has P3 under "L."			200 U
Phone: (111) 111-1111					
Address: 202 River Rd.					
Ft. Worth, TX	BLUEPRINT INFO	4th	5th	6th	
	PUSA Prior Service enlisted Enrolled M.Div				
ZIP Code: 00001					
Name:	TC 1500 960912 NA	1st	2d	3d	
Johnson, Harold P.	TC 1000 960913 LM	TC 1900 960916 Prospect was referral, said he can't serve in Army Chaplaincy be- cause of Church Fellow- ship Doctrine.			NI
Phone: (222) 1987-6543					
Address: 1717 Post Rd.					
San Antonio, TX	BLUEPRINT INFO	4th	5th	6th	
	Luthern (Wisconsin Synod.)				
ZIP Code: 99999					

USAREC Fm 539-A, Rev 1 Sep 95 (Previous editions will be used)

Figure D-1. Sample of a completed USAREC Fm 539-A

## **Appendix E**

### **Chaplaincy Processing List**

#### **E-1. Procedures**

Rctg Bde USAR S3 and CR will complete USAREC Fm 533-C (fig E-1) in accordance with this appendix. All entries except the "Remarks" block and "Mission" line will be made in ink.

#### **E-2. Policies**

a. A separate USAREC Fm 533-C will be maintained for each CR. All applicants who are interviewed and agree to process will be entered on the USAREC Fm 533-C.

b. A new USAREC Fm 533-C will be started quarterly. Maintain the current plus the last two completed USAREC Fm 533-C in the management binder. Place all applicants still considered active from the previous USAREC Fm 533-C onto the current USAREC Fm 533-C. The CR will enter C/F (carried forward) to the left of any prospect's name which was carried forward from a previous USAREC Fm 533-C.

c. Although each USAREC Fm 533-C entry must ultimately be closed by DA board selection, loss of interest, or termination; a closed record does not necessarily mean termination of PDR. The CR may determine that the applicant is not sufficiently interested in further processing to warrant near-term followup and establish a more realistic suspense date in the future. In this case, the CR will terminate the USAREC Fm 533-C record with the annotation LI (lost interest) in the "Remarks" block and the PDR will be annotated and suspended in the PDR file system. The planning guide will also be posted with the action required.

#### **E-3. Instructions for completion of USAREC Fm 533-C**

- a. Recruiter. Enter rank and CR's last name.
- b. Quarter Initiated and Fiscal Year. Enter the quarter the USAREC Fm 533-C is initiated and the current fiscal year.
- c. Mission line. Update missions quarterly and achievements as they occur.
- d. Name. Enter applicant's last name and first initial.
- e. Faith Group. Enter applicant's faith group.
- f. CH/CC. Enter CH for chaplain or CC for chaplain candidate.
- g. Initial Interview Date. Enter date (YYMMDD) of initial interview with applicant. Should be same as on PDR.
- h. Physical date. Enter date scheduled to take the physical.
- i. Endorse Date. Enter date of endorsement from endorsing agent.
- j. Waiver. If no waiver, leave blank. If a waiver is run, enter type of waiver:
  - (1) Moral
  - (2) Medical.
  - (3) Re code.
  - (4) Age.
  - (5) DA policy.
  - (6) Rank.

k. Packet Sent to USAREC. Enter date packet was forwarded to HQ USAREC.

l. Lead Source. Enter lead source based on paragraph 3-5, using codes as provided in appendix C.

m. Remarks. Enter the date and disposition in accordance with the following:

- (1) AA = Awaiting action from HQ USAREC (explain).
- (2) AD = Awaiting documentation (explain).
- (3) LI = Lost interest.
- (4) T = Terminated.
- (5) PDQ = Permanently disqualified (explain).
- (6) TDQ = Temporarily disqualified (explain).

n. Quarter Credit Rec'd. Enter the recruit ship month in which mission credit was received.

o. DA Select: Enter date of DA select or non-select.

NOTE 1: Place C/F to the left of any prospect's name that was carried forward from a previous USAREC Fm 533-C.

NOTE 2: Use pencil entries in "Remarks" block until disposition is finalized.

**Chaplaincy Processing List**  
(For use of this form see USAREC Reg 350-12)

RECRUITER: CH (MAJ) Jones

QUARTER INITIATED: 3

CURRENT QTR MSN: 2 / 7  
CH/CC

CURRENT QTR ACH: 2 / 4  
CH/CC

YTD MSN: 12 / 16  
CH/CC

YTD ACG: 8 / 15  
CH/CC

FISCAL YEAR: 98

	NAME	FAITH GROUP	CH/CC	INITIAL INTERVIEW DATE	PHYSICAL DATE	ENDORSE DATE	WAIVER	PACKET SENT TO USAREC	LEAD SOURCE	REMARKS	QUARTER CREDIT REC'D	DA SELECT
CF	JOHNSON, Z.	RC	CH	971211	971222	980113	Medical	980115	RCCH	Will do swear-in ceremony 24 Apr 98	JAN	980218
CF	BROWN, L.	EPISC	CH	980302			Moral		ADCH	980303 - AA - Needs Moral Waiver		
CF	YATES, M.	CCCC	CC	980305	980317	980319			SEM	980320 - AD - Appl requested DD 214		
	HENDRICKS, R.	LUTH	CC	980406					SEM	980420 - LI - Wife said No		
	MILLS, M.	NBC	CH	980409	980419				CONF	980419 - PDQ - Diabetes		
	BARBER, L.	AOG	CH	980411	980417	980413	Medical		WWW	980425 - TDQ - OW - 25% BFA		
	NOLAND, R.	CFGC	CC	980416	980428				CHRCTR	980430 - T - Can't get endorsed		
	SZASZ, S.	GARB	CH	980421					RCCH	980430 - Will set up physical in May		
	VANN, R.	SBC	CC	980422	980513	980423	Age		WWW	980430 - Waiting for W/S		
	RATIGAN, P.	PAW	CH	980422	980427	980430		980513	RCTR	980514 - AA - QC by HQ		
	FRANTZ, M.	PCUSA	CH	980424	980429		Medical		CONF	980511 - AA - Waiver at USAREC		
	SWANK, V.	UMC	CC	980425	980429	980430		980508	LEADS	980712 - AA - Notification of board	MAY	

USAREC Fm 533-C, 1 Apr 98

Figure E-1. Sample of a completed USAREC Fm 533-C

## Appendix F

### Effective School Program

CR are responsible for many graduate theological schools within their Rctg Bde boundaries. Each of these schools has limited availability for the CR to make presentations, contact prospects, set up booths, etc., so it is vital that the CR have maximum impact when implementing the school program. The keys to an effective school program are:

a. Visits. Schedule visits 3 to 6 months in advance by contacting the appropriate school officials, usually the Dean of Students, admissions officer, event coordinator, etc. Don't limit visits to just booths; if possible, seek opportunities to speak in chapel, to classes, to participate in special events, and any other occasion that may be appropriate.

b. School directories. Get a list of students, if at all possible. To maximize the impact of a visit it is recommended that the CR attempt to reach the students telephonically prior to the visit for the purpose of scheduling sales interviews.

c. COI. Develop a good working relationship with the COI in each of the schools.

d. Chaplain mentors. Use mentors to extend CR coverage and influence (see app G).

e. USAREC Fm 1161 (fig F-1). The purpose of this form is to provide CR and their supervisors a historical reference of past and present performance and productivity. This form provides a systematic method for compiling and recording essential data on each school.

(1) Requirements. Fill-in thoroughly a USAREC Fm 1161 on every "A" and "B" priority graduate-level theological school within the Rctg Bde boundaries. Get as much information as possible on priority "C" institutions. Use black ink or typewritten entries except where noted. An explanation of the required information follows:

(a) School, Telephone, Address, and Contact. Enter specific information on the institution. Enter the name of the person who assists in the arrangements for your school program.

(b) School Profile for SY. Enter the dates of the SY for which the form is being prepared.

(c) Calendar System. Check whether the school is on a quarter or semester system.

(d) School Priority. Place priority "A," "B," or "C" as applicable per paragraph 3-7a.

(e) Dates. Enter the first day of classes and the last day of classes for each semester or quarter, as applicable. The WTR (winter) block will only be used for schools on the quarter system.

(f) Predominant Faith Group/Denomination. Check appropriate category and fill in blanks as appropriate.

(g) Full-Time Enrollment by Degree Program/Gender. Enter the number of students for each of the degree programs by gender in the appropriate blocks. The degree programs are:

1. M.Div = Master of Divinity.
2. S.T.M. = Master of Sacred Theology.
3. Th.M. = Master of Theology.

4. Other Mstr = Any other Master Degree programs.

5. D.Min. = Doctor of Ministry.

6. Th.D. = Doctor of Theology.

7. S.T.D. = Doctor of Sacred Theology.

8. Ph.D = Doctor of Philosophy.

9. Other Dr. = Any other doctoral programs.

(h) Production Accomplishments. Enter the number of candidates recruited in the current SY (in pencil) and the last 3 SY in the accomplished column. Identify the CR's goal for those years and the current SY and enter the number in the "Goal" column. The goal should be a reflection of past accomplishments and the CR's knowledge of the propensity for Army service by students of the institution. It is a way for CR to plan their activities and drive their production.

(i) Current Candidates. List chaplain candidates attending this institution. They are a good resource for referrals and opening doors in the school.

(j) Centers of Influence. List the appropriate persons as applicable for the school.

(k) School Visits Planned. Enter the date(s) the visit(s) is planned in pencil and change to ink when confirmed with the school.

(l) Special Dates, Celebrations, or Occasions. Enter the date and event or occasion of any unique or special programs that may represent an opportunity to reach more people. For instance, convocations, reformation lectures, alumni days, etc.

(m) School Visit Restrictions. Annotate any restrictions the institution may place on the CR's access to the campus and/or students.

(n) Location(s) of RPI Display(s). Enter the specific location of any advertising the CR has placed in the school. The CR should be sure to check the display(s) whenever possible and update whenever necessary.

(o) School Directory List Information. Enter any information pertinent to the obtaining of a student directory. Specifically address availability of the list, who provided the list, and when a new list may be available.

(p) Result of Visit(s). Record the date and activities surrounding each visit to the school. Make special note of the number of qualified contacts and appointments made, application worksheets distributed, and any other production activity. This is one of the most important entries, as it gives the CR and their supervisors historical data on the productivity of a particular institution.

(2) Filing and disposition. Initiate USAREC Fm 1161 on 1 July of each year or the next available workday.

(a) The CR will hold the current year data sheets within the CR's Production Management Binder. It is the CR's responsibility to keep the information current in accordance with this appendix.

(b) The CR will maintain the past 4 years' data sheets in their inactive files. All data sheets exceeding the current SY plus 4 years may be destroyed if no longer valuable as a historical document.



<b>CHAPLAIN GRADUATE SCHOOL DATA SHEET</b> (For use of this form see USAREC Reg 350-12)								
<b>SCHOOL:</b> <u>General United Theological Seminary</u>				<b>TELEPHONE:</b> <u>(111) 555-2222</u>				
<b>ADDRESS:</b> <u>12345 E. College Ln., Anytown, KY 40600</u>				<b>CONTACT:</b> <u>Rev. Matthew Brady</u>				
<b>SCHOOL PROFILE FOR SY:</b> <u>97/98</u> Calendar System (check): <input type="checkbox"/> QTR <input checked="" type="checkbox"/> SEM				<b>SCHOOL PRIORITY:</b> <u>B</u>				
<b>DATES:</b> FALL:		START <div style="border: 1px solid black; padding: 2px; text-align: center;">4 Sep</div>	END <div style="border: 1px solid black; padding: 2px; text-align: center;">19 Dec</div>	START <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		END <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
WTR (if appl):				SPR:		START <div style="border: 1px solid black; padding: 2px; text-align: center;">5 Jan</div>	END <div style="border: 1px solid black; padding: 2px; text-align: center;">22 May</div>	
<b>PREDOMINANT FAITH GROUP/DENOMINATION</b> (Check category and fill in blank as appropriate):								
<input type="checkbox"/> ROM CATH <input type="checkbox"/> JEWISH <input type="checkbox"/> MUSLIM <input type="checkbox"/> ORTHO <input type="checkbox"/> PROT(IB) _____ <input checked="" type="checkbox"/> PROT(NIB) <u>Interdenominational</u>								
<b>FULL-TIME ENROLLMENT BY DEGREE PROGRAM/GENDER:</b>								
	M.Div	S.T.M./Th.M	Other Mstr	D.Min.	Th.D./S.T.D.	Ph.D	Other Dr.	<b>TOTAL</b>
Male	237	0	162	27	0	0	0	426
Female	42	0	143	2	0	0	0	187
<b>PRODUCTION ACCOMPLISHMENTS:</b>				<b>CURRENT CANDIDATES</b> (if additional space required, use back):				
	GOAL	ACCOMPLISHED	NAME		PHONE			
CURR SY	3	1	Sanchez, David		(111) 555-1928			
LAST SY	1	2	Vanderkwast, Molly		(111) 555-2819			
2D PREV SY	0	1	Smythe, George		(111) 555-8291			
3D PREV SY	1	0						
<b>CENTERS OF INFLUENCE:</b>								
PRESIDENT: <u>Dr. Louis Green</u>				SECRETARY: <u>Ms. Thelma Barnes</u>				
DEAN OF STUDENTS: <u>Dr. Robert Pean</u>				REGISTRAR: <u>Mr. David Mann</u>				
DEAN OF ADMISSIONS: <u>Rev Micah Webster</u>				STUDENT BODY PRES: <u>Zechariah Jackson</u>				
USAR MEMBERS: <u>David Mann, Rev. Jill Marie (History Prof), Luke Robertson (Custodian)</u>								
CHAPLAIN MENTORS: _____								
<b>SCHOOL VISITS PLANNED:</b> <u>18-20 Sep 97; 26 Feb 98</u>								
<b>SPECIAL DATES, CELEBRATIONS, OR OCCASIONS:</b> <u>Convocation - 4 Sep 97; National Prayer Breakfast - 26 Feb 98</u>								
<b>SCHOOL VISIT RESTRICTIONS:</b> <u>None</u>								
<b>LOCATION(S) OF RPI DISPLAY(S):</b> <u>Student Lounge, Library</u>								
<b>SCHOOL DIRECTORY LIST INFORMATION</b> (Availability, Who, When): <u>Available 1 Oct 97 - see Matthew Brady</u>								
<b>RESULT OF VISIT(S)</b> (Highlight qualified contacts made, appointments made, application worksheets given, physicals scheduled. etc.): <u>18-20 Sep 97 - 15 good contracts, 5 appts made, 3 worksheets, 1 physical scheduled, will followup with others. Good reception - asked to return for Prayer Breakfast.</u>								

USAREC Fm 1161, 1 Apr 98

Figure F-1. sample of a completed USAREC Fm 1161  
UPDATE • USAREC Reg 350-12

## **Appendix G**

### **Chaplain Mentor Program**

a. Chaplain mentor. A chaplain mentor is an AD or Reserve Component chaplain who has volunteered to offer counsel and guidance to CH/CC applicants in their area. Because of the geographic boundaries for which the CR are responsible and the amount of time their availability is limited, the Chaplain Mentor Program is necessary for a successful recruiting effort.

(1) Duties. The duties of a mentor can include, but are not limited to: Providing referrals, helping set up CR visits and presentations, participating in the recruiting effort at conferences and school set-ups, establishing and building rapport with prospects, taking an applicant to MEPS, helping an applicant with gathering information for the application process, being available to answer questions about serving as an Army chaplain, and encouraging applicants when they begin to lose patience in the process.

(2) Mentor responsibilities. All activities must be coordinated with the CR prior to any commitments or execution of the action. This is to ensure that the CR is aware of all chaplain recruiting activity within their recruiting zone. The chaplain mentor must be neat, clean, and in the appropriate uniform whenever performing military duties.

b. CR responsibilities. All CR are responsible for implementing the Chaplain Mentor Program within their Rctg Bde.

(1) USAREC Fm 1162 (fig G-1). This will assist the CR in managing the chaplain mentors in their areas. It is designed for quick reference by geographic area and the blocks on the form are self-explanatory in their use.

(a) Identifying mentors. An effective Chaplain Mentor Program begins by identifying the chaplains in the Rctg Bde area who are willing and able to provide assistance with the recruiting effort. The CR should request a directory of chaplains within their Rctg Bde area from the AR-PERSCOM Staff Chaplain (for USAR) and the CCH (for AD) by 31 July each year. The CR should make contact with each of these chaplains requesting their assistance in the recruiting effort. The CR may use the sample Memorandum of Understanding (MOU) (fig G-2) in contacting potential mentors.

(b) Updating USAREC Fm 1162. USAREC Fm 1162 will be updated whenever a new mentor is identified and the CR receives back the MOU. The CR should review the new directories obtained in accordance with above and reconcile them with their current roster. During the month of August, the CR should attempt to make contact with those chaplains who are new to their Rctg Bde area. If a CR knows one of their mentors is moving out of their Rctg Bde to another, that CR should notify the gaining Rctg Bde CR to continue using the mentor.

(c) Filing and disposition. The CR will initiate a new USAREC Fm 1162 a maximum of every 3 years. The CR will maintain USAREC Fm 1162

for the past 3 years within the CR's Production Management Binder. It is the CR's responsibility to keep the information current in accordance with this appendix. The CR will destroy the old forms when no longer needed. The MOU should be kept in the office files as long as the individual is operating as a mentor.

(2) Chaplain mentor compensation. The CR is responsible for providing compensation to the mentor as appropriate.

(a) ADSW. If funds are available, the use of ADSW for the chaplain mentor is authorized. The CR should check with the Rctg Bde resource management personnel for further information about ADSW.

(b) Retirement point credit. The chaplain mentor is authorized retirement point credit for most activities in support of the recruiting effort. The CR is responsible for filling out the DA Form 1380 (see AR 140-185, fig 3-1 for instructions and table 2-1, rules 9, 15, 17, or 25 for authorization) for the chaplain mentor who performs the duty.

<b>CHAPLAIN MENTOR ROSTER</b> (For use of this form see USAREC Reg 350-12)				
STATE	CITY	NAME (Rank)	HOME PHONE	WORK PHONE
AR	Little Rock	Lucas Roberts, CH (LTC)	(222) 555-8888	(222) 555-6543
<b>REMARKS:</b> Grad from Memphis Theo Sem; President of Ministerial Assoc.				
CA	San Jose	Jordan Thomas, CH (1LT)	(408) 556-6162	(408) 555-2616
<b>REMARKS:</b> Recent grad of Golden Gate Seminary				
KY	Louisville	Vernon Richardson, CH (CPT)	(502) 555-5005	(502) 555-1234
<b>REMARKS:</b> Seminary Professor at Southern				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				
<b>REMARKS:</b>				

USAREC Fm 1162, 1 Apr 98

Figure G-1. Sample of a completed USAREC Fm 1162

## MEMORANDUM FOR (Name of Potential Chaplain Mentor)

SUBJECT: Memorandum of Understanding for Chaplain Mentor Program

1. As a chaplain in the United States Army Recruiting Command, 1st Recruiting Brigade area, I am asking you to assist us in our recruiting efforts by serving as a chaplain mentor. A chaplain mentor is a chaplain who offers counsel and guidance to chaplain and chaplain candidate applicants in their area. Because of the geographic boundaries for which I am responsible, your service is needed for the Army to be successful in maintaining a strong and viable chaplaincy.

2. The duties of a mentor can include, but are not limited to: Providing referrals, helping set up recruiter visits and presentations, participating in the recruiting effort at conferences and school set-ups, establishing and building rapport with prospects, taking an applicant to MEPS, helping an applicant with gathering information for the application process, being available to answer questions about serving as an Army chaplain, and encouraging applicants when they begin to lose patience in the process.

3. The rewards of serving as a chaplain mentor include both intangible and tangible benefits. The intangibles will become very clear if you choose to join the Chaplain Mentor Program. The tangible benefits are retirement points and active duty for special work, subject to funding. Contact me and I will provide you more information about these benefits.

4. The responsibilities of a chaplain mentor include coordinating all your activities with me prior to making any commitments or executing any actions. This is to ensure that I am aware of all chaplain recruiting activity within my recruiting zone. Also, the chaplain mentor must be neat, clean, and in the appropriate uniform whenever performing military duties. This is, and will always remain, a totally volunteer activity and you may decline participation at any time and for any reason.

5. After you prayerfully consider this extension of your ministry and you determine that you would like to serve as a chaplain mentor, I would ask that you sign the bottom of this memorandum, make a copy for your records and return the original to me. This will serve as the Memorandum of Understanding between you and the 1st Recruiting Brigade. Upon receipt of this signed memorandum, I will contact you and provide further information and training for any activities for which I may need your assistance.

6. For further information do not hesitate to contact me at (XXX) XXX-XXXX, ext. XXXX or the Chaplain Recruiting Branch at Headquarters, United States Army Recruiting Command, at 1-800-223-3735, ext. 6-0435.

YOUR NAME  
CH (RANK), USA  
Chaplain Recruiter

## Statement of Understanding:

I agree to serve as a chaplain mentor for the United States Army Recruiting Command. I agree to abide by the duties and responsibilities of a chaplain mentor as stated in the above memorandum. Additionally, I agree to submit any reports related to my chaplain mentor activities as requested by the chaplain recruiter. I understand that the work load of a chaplain mentor is contingent upon the needs of chaplain recruiting and my availability. I further understand that I am a volunteer and this Statement of Understanding can be withdrawn at any time by either party.

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 SIGNATURE

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 DATE

Figure G-2. Sample MOU for Chaplain Mentor Program

## Glossary

### Section I Abbreviations

**AD**  
active duty

**ADSW**  
active duty for special work

**AR-PERSCOM**  
United States Army Reserve Personnel Command

**CCH**  
Chief of Chaplains

**CH/CC**  
chaplain and chaplain candidate

**CHOBC**  
Chaplain Officer Basic Course

**COI**  
centers of influence

**CR**  
chaplain recruiter

**DA**  
Department of the Army

**DACH**  
Department of the Army Chaplain

**DAT**  
drug and alcohol test

**HIV**  
Human Immunodeficiency Virus

**HQDA**  
Headquarters, Department of the Army

**HQ USAREC**  
Headquarters, United States Army Recruiting Command

**LRL**  
lead refinement list

**MEPS**  
Military Entrance Processing Station

**MOU**  
Memorandum of Understanding

**PDR**  
prospect data record

**PR**  
performance review

**PS**  
prior service

**QC**  
quality control

**Rctg Bde**  
recruiting brigade

**RE**  
reentry eligibility

**RSID**  
recruiting station identification

**S3**  
Operations Officer

**SSN**  
social security number

**SY**  
school year

**TPU**  
troop program unit

**USAR**  
United States Army Reserve

**USAREC**  
United States Army Recruiting Command

**VIP**  
very important person

### Section III Terms

**applicant**  
Person who applies voluntarily for commissioning as a CH/CC and is found eligible for further processing after completing the applicant worksheet.

**blueprinting**  
Information about a lead that is known or obtained and documented for the purpose of establishing the order of contact and to assist in establishing rapport once contact is made.

**chaplain**  
An ordained member of the clergy from a Department of Defense recognized faith group, who has completed 90 semester hours of graduate-level education in theology, and provides religious support to soldiers.

**chaplain candidate**  
A graduate-level theological student or graduate commissioned in the USAR in the grade of second lieutenant, who is enrolled in an Army training program to prepare for the U.S. Army chaplaincy.

**chaplain mentor**  
An AD or Reserve Component chaplain who has volunteered to offer counsel and guidance to CH/CC applicants in their area. The United

States Army Reserve Command CH/CC Mentor Program will guide their activities.

**ecclesiastical approval**  
Approval provided to a theology student from their faith group headquarters to serve as a chaplain candidate.

**ecclesiastical endorsement**  
An endorsement provided to a member of the clergy from a faith group headquarters, that is recognized by the Armed Forces Chaplains Board, allowing the individual to serve in the military as a chaplain representing that distinctive faith group.

**faith group**  
Any religious body or group, voluntarily united in practice of their faith, by commonly held distinctive religious convictions and mutual adherence to doctrines requiring worship separate from other religious groups, either as a matter of regular practice or by preference.

**ordained**  
Appointed or conferred per the ceremonial ritual or discipline of a faith group, church, religious sect, or organization established on the basis of the community's doctrine and practices of a religious character, to preach and teach the doctrines of such faith group, church, sect, or organization, and to administer the rites and ceremonies in public worship.

**reentry eligibility codes**  
Codes that are assigned soldiers who do not immediately reenlist at the last duty station to which assigned. The purpose of these codes is to inform the CR of the prospect's eligibility to reenter the service.